Washington County
Community Health Survey Report
2022

Commissioned By:
Ascension Wisconsin
Aurora Health Care
Froedtert & the Medical College of Wisconsin
Washington Ozaukee County Public Health Department

Prepared By:
JKV Research, LLC

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Purpose

The purpose of this project is to provide Washington County with information from an assessment of the health status of county residents. Primary objectives are to:

1. Gather specific data on behavioral and lifestyle habits of the adult population. Select information will also be collected about the respondent's household.
2. Gather data on a random child (17 or younger) in the household through an adult who makes health care decisions for the child.
3. Gather data on the prevalence of risk factors and disease conditions existing within the adult population.
4. Compare, where appropriate, health data of residents to previous health studies.
5. Compare, where appropriate and available, health data of residents to state and national measurements along with Healthy People 2030 goals.

This report was commissioned by Ascension Wisconsin, Aurora Health Care, Froedtert & the Medical College of Wisconsin and the Washington-Ozaukee County Public Health Department.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com. For further information about the survey, contact the Washington Ozaukee County Public Health Department at (262) 335-4462.

Methodology

Data Collection
Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer and based on the number of adults in the household (n=220). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=180). At least 8 attempts were made to contact a respondent in each sample. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between June 30 and September 10, 2022.

Weighting of Data
For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent, if an adult, was the primary cell phone user. Combined, post-stratification was conducted at the individual-age by gender of the 2010 census and age group by sex of the 2021 characteristics of the American Community Survey.

Margin of Error
With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older with telephones in the county. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than ±5 percent, since fewer respondents are in that category (e.g., adults who were asked about a random child in the household).

What do the Percentages Mean?

In 2021, the Census Bureau estimated 108,188 adult residents lived in Washington County. Thus, in this report, one percentage point equals approximately 1,080 adults. So, when 19% of respondents reported their health was fair or poor, this roughly equals 20,520 residents ±5,400 individuals. Therefore, from 15,120 to 25,920 residents likely have fair or poor health. Because the margin of error is ±5%, events or health risks that are small will include zero.

In 2021, the Census Bureau estimated 56,636 occupied housing units in Washington County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2021 household estimate, each percentage point for household-level data represents approximately 570 households.

Definitions

Certain variables were recoded for better analysis and are listed below.

Marital status: Married respondents were classified as those who reported being married and those who reported to being a member of an unmarried couple. All others were classified as not married.

Household income: It is difficult to compare household income data throughout the years as the real dollar value changes. Each year, the Census Bureau classifies household income into five equal brackets, rounded to the nearest dollar. It is not possible to exactly match the survey income categories to the Census Bureau brackets since the survey categories are in increments of $10,000 or more; however, it is the best way to track household income. This report looks at the Census Bureau's bottom 40%, middle 20% and top 40% household income brackets each survey year. From 2011 to 2016, the bottom 40% income bracket included survey categories less than $40,001, the middle 20% income bracket was $40,001 to $60,000 and the top 40% income bracket was at least $60,001. In 2019 and 2022, the bottom 40% income bracket included survey categories less than $50,001, the middle 20% income bracket was $50,001 to $75,000 and the top 40% income bracket was at least $75,001.

Overweight status: Calculated using the CDC's Body Mass Index (BMI) of kilograms/meter^2. A BMI of 25.0 to 29.9 is considered overweight and 30.0 or more as obese. In this report "overweight" includes both overweight and obese respondents.

Current smoker: Current smoker is defined as someone who smoked a tobacco cigarette at least some days.

Heavy drinking: According to the Centers for Disease Control, heavy drinking is defined as more than 2 drinks per day in the past month for males (i.e. at least 61 drinks) and more than one drink per day for females (i.e. 31 drinks).

Binge drinking: The definition for binge drinking varies. Currently, the CDC defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender.

Demographic Profile

The following table includes the weighted demographic breakdown of respondents in the county.

Table 1. Weighted Demographic Variables of Community Health Survey Respondents for 2022 (Q17, Q18, Q53, Q54 & Q62)[①,②]

	Survey Results
TOTAL	100%
Gender	
Male	48%
Female	48
All Other Responses*	4
Age	
18 to 34	27%
35 to 44	15
45 to 54	16
55 to 64	19
65 and Older	23
Education	
High School Graduate or Less	27%
Some Post High School	26
College Graduate	48
Household Income	
Bottom 40 Percent Bracket	21%
Middle 20 Percent Bracket	20
Top 40 Percent Bracket	41
Not Sure/No Answer	18
Married	63%

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution. [②]Race and ethnicity breakdowns had too few cases for statistical reliability in crosstabulations (Q51 & Q52).
*All Other Responses include the categories of transgender male, transgender female, nonbinary, prefer not to answer, not sure and other gender identity you most identify with. Gender crosstabulations do not include this group as it is too small for statistical reliability.

How to Read the Report

Statistical Significance

The use of statistics is to determine whether a true difference between two percentages is likely to exist. If a difference is statistically significant, it is unlikely that the difference between the two percentages is due to chance. Conversely, if a difference is not statistically significant, it is likely there is no real difference. For example, the difference between the percentage of adults in 2011 reporting high blood cholesterol (21%) and the percentage of adults reporting this in 2022 (23%) is not statistically significant and so it is likely not a real difference; it is within the margin of error of the survey.

Data Interpretation

Data that has been found "statistically significant" and "not statistically significant" are both important for stakeholders to better understand county residents as they work on action plans. Additionally, demographic cross-tabulations provide information on whether or not there are statistically significant differences within the demographic categories (gender, age, education, household income level and marital status). Demographic data

cannot be broken down for race and ethnicity because there are too few cases in the sample. Finally, Healthy People 2030 goals as well as state and national percentages are included to provide another perspective of the health issues.

Report Setup
1) Executive Summary—The Executive Summary includes a trend data table for the analyzed survey questions and comparisons to the most recent state percentages, national percentages and Healthy People 2030 goals, wherever possible. Also included is a summary of the key findings for each topic.
2) Key Findings—The Key Findings are broken down by:
    a. Main Topics—overarching topics such as Rating Their Own Health, Health Care Coverage and Health Care Needed. Each main topic starts on a new page and is in **bold** in the report.
    b. Key Findings—The first paragraph summarizes 2022 demographic findings of survey questions included in the main topic. The second paragraph, in *italics*, indicates if the 2022 percentages statistically changed over time.
    c. Sub-Topics—Applicable survey questions are analyzed within each main topic and are listed in **bold**. For example, "Personally Not Covered Currently" and "Someone in Household Not Covered in Past Year" are the sub-topics within Health Care Coverage.
        i. Recommendations and/or Healthy People 2030 goals—*italicized* statements immediately after the sub-topic title, where possible.
        ii. Data Comparisons—National and Wisconsin percentages are *italicized*, when available.
        iii. 2022 Findings
            1. First bullet—lists the percentages for sub-topic survey question response categories. Occasionally, a figure is included to visually see the breakdown. Open bullets are used when there is a skip pattern or filter in the questionnaire and fewer respondents were asked the survey question.
            2. Remaining bullets—a bullet is written for each demographic variable that is significant in 2022. It compares the highest and lowest percentages. The order of bullets is gender, age, education, household income and marital status. Overweight status and smoking status are included for some analysis. Household income, marital status and presence of children are the demographic variables used for household-level questions since respondent-level variables cannot be used. Open bullets are used to indicate fewer respondents.
        iv. 2011 (First Year) to 2022 Year Comparisons
            1. First bullet—This bullet statistically compares the 2011 percent (or first year of data collection) to the 2022 percent to determine if it has remained the same, increased or decreased. Open bullets are used to indicate fewer respondents.
            2. Remaining bullets—Each remaining bullet first indicates if the demographic variable was significant in 2011 and/or 2022. Secondly, the bullet includes if there were any changes within the demographic categories from 2011 to 2022. A bullet is omitted if there is no statistical significance in both cases. Open bullets are used to indicate fewer respondents.
        v. 2019 to 2022 Year Comparisons—same format as the 2011 to 2022 Year Comparisons, but compares 2019 to 2022 percentages instead.
        vi. Sub-Topic Table—Percentages, whether statistically significant or not, are listed for each survey question analyzed and broken down by demographic variables to determine the bullets for "2022 Findings," "2011 to 2022 Year Comparisons" and "2019 to 2022 Year Comparisons." Statistically significant demographic differences within years are indicated by [1], [2], [3], [4] and/or [5] depending upon the number of years data is available. Statistically significant differences between years are indicated by [a] and/or [b] depending on the number of years of data. The table includes the survey question number in the title.
        vii. Trend Figure—after all survey questions within the main topic are analyzed, a trend graph containing the sub-topics is included. The prevalence of the analyzed percent is the y-axis (vertical line) and the survey years is the x-axis (horizontal line).
3) Appendix A—The survey questionnaire listing each question and the percent breakdowns are included.

Throughout the report, some totals may be more or less than 100% due to rounding and response category distribution. Percentages occasionally may differ by one or two percentage points from previous reports or the Appendix as a result of rounding, recoding variables or response category distribution.

Executive Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Washington County residents. The following data are highlights of the comprehensive study.

		Washington				WI	US
Overall Health	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
Excellent/Very Good	51%	62%	58%	52%	46%	_57%_	_57%_
Good	29%	27%	27%	34%	34%	_30%_	_30%_
Fair or Poor	19%	12%	16%	15%	19%	_13%_	_13%_
Health Care Coverage		Washington				WI	US
Not Covered	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
Personally (Currently, 18 Years Old and Older)	10%	5%	5%	6%	<1%	_8%_	_11%_
Personally (Currently, 18 to 64 Years Old) [HP2030 Goal: 8%]	12%	6%	5%	7%	<1%	_9%_	_13%_
Household Member (Past Year)	12%	10%	9%	11%	4%	_NA_	_NA_
Did Not Receive Care Needed in Past Year		Washington				WI	US
Unmet Need/Care in Household	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2017_
Prescription Medication Not Taken Due to Cost [HP2030 Goal: 3%]	14%	7%	17%	7%	6%	_NA_	_3%_
Medical Care [HP2030 Goal: 3%]*	12%	10%	15%	7%	10%	_NA_	_4%_
Dental Care [HP2030 Goal: 4%]*	19%	9%	15%	12%	10%	_NA_	_5%_
Unmet Need/Care (Respondent Only)							
Mental Health Care Services**	1%	2%	3%	6%	9%	_NA_	_NA_
Alcohol/Substance Abuse Treatment	--	--	--	--	<1%	_NA_	_NA_
		Washington				WI	US
Economic Hardships	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
Household Went Hungry (Past Year)	--	--	5%	4%	<1%	_NA_	_NA_
Household Able to Meet Needs with Money and Resources							
Strongly Disagree/Disagree (Past Month)	--	--	--	--	5%	_NA_	_NA_
Issue with Current Housing Situation	--	--	--	--	3%	_NA_	_NA_
Health Information		Washington				WI	US
Primary Source of Health Information	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
Doctor or Other Health Professional	50%	49%	53%	49%	70%	_NA_	_NA_
Myself/Family Member in Health Care Field	5%	5%	11%	11%	12%	_NA_	_NA_
Internet	27%	32%	25%	32%	11%	_NA_	_NA_
		Washington				WI	US
Health Services	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
Have a Primary Care Physician [HP2030 Goal: 84%]	--	--	91%	87%	92%	_83%_	_77%_
Primary Health Services							
Doctor/Nurse Practitioner's Office	81%	84%	84%	74%	58%	_NA_	_NA_
Urgent Care Center	1%	4%	4%	9%	23%	_NA_	_NA_
Quickcare Clinic/Fastcare Clinic	--	--	2%	3%	8%	_NA_	_NA_
Virtual Health/Tele-Medicine or Electronic Visit	--	--	--	--	3%	_NA_	_NA_
Worksite Clinic	--	--	3%	<1%	1%	_NA_	_NA_
Public Health Clinic/Community Health Center	10%	4%	4%	2%	<1%	_NA_	_NA_
Hospital Emergency Room	<1%	2%	2%	4%	<1%	_NA_	_NA_
Hospital Outpatient Department	1%	2%	0%	0%	<1%	_NA_	_NA_
No Usual Place	6%	3%	<1%	7%	6%	_NA_	_NA_

--Not asked. NA-WI and/or US data not available.

*Since 2019, the question was asked of any household member. In previous years, the question was asked of the respondent only.

**In 2019, the question was asked of any household member. In all other study years, the question was asked of respondents only.

Top Health Conditions or Behaviors Family Faces	Washington					*WI*	*US*
	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
Chronic Diseases	--	--	--	--	48%	*NA*	*NA*
Mental Health, Mental Conditions and Suicide	--	--	--	--	14%	*NA*	*NA*
Chronic Pain, Bad Back, Knee Replacement and Arthritis	--	--	--	--	6%	*NA*	*NA*
Nutrition, Physical Activity and Obesity	--	--	--	--	5%	*NA*	*NA*
Communicable Diseases or COVID-19	--	--	--	--	5%	*NA*	*NA*
Aging Population	--	--	--	--	4%	*NA*	*NA*
Unintentional Injury, Including Falls and Motor Vehicle Accidents	--	--	--	--	4%	*NA*	*NA*

Health Conditions in Past 3 Years	Washington					*WI*	*US*
	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
High Blood Pressure	28%	27%	26%	24%	35%	*NA*	*NA*
High Blood Cholesterol	21%	23%	21%	21%	23%	*NA*	*NA*
Mental Health Condition	8%	18%	16%	21%	20%	*NA*	*NA*
Heart Disease/Condition	8%	6%	8%	11%	11%	*NA*	*NA*
Diabetes	9%	7%	13%	10%	11%	*NA*	*NA*
Asthma (Current)	8%	10%	9%	10%	6%	*10%*	*10%*

Regularly Seeing Doctor/Nurse/Other Health Care Provider	Washington					*WI*	*US*
	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
High Blood Pressure	--	--	--	--	96%	*NA*	*NA*
High Blood Cholesterol	--	--	--	--	91%	*NA*	*NA*
Mental Health Condition	--	--	--	--	80%	*NA*	*NA*
Heart Disease/Condition	--	--	--	--	96%	*NA*	*NA*
Diabetes	--	--	--	--	100%	*NA*	*NA*
Asthma (Current)	--	--	--	--	84%	*NA*	*NA*

Body Weight	Washington					*WI*	*US*
Overweight Status	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
Overweight (BMI 25.0+)	70%	67%	69%	69%	68%	*68%*	*67%*
Obese (BMI 30.0+) [HP2030 Goal: 36%]	32%	31%	36%	36%	35%	*32%*	*32%*

Tobacco Product Use in Past Month	Washington					*WI*	*US*
	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
Current Smokers [HP2030 Goal: 5%]	17%	20%	18%	16%	15%	*16%*	*16%*
Current Vapers	--	5%	8%	9%	11%	*4%[1]*	*4%*
Cigars, Cigarillos or Little Cigars Use	--	4%	6%	4%	3%	*NA*	*NA*
Smokeless Tobacco Use	--	8%	5%	7%	3%	*4%*	*4%*

Exposure to Smoke	Washington					*WI[2]*	*US*
Smoking Policy at Home	_2011_	_2014_	_2016_	_2019_	_2022_	_14-15_	_14-15_
Not Allowed Anywhere [HP2030 Goal: 93%]	80%	83%	83%	90%	89%	*84%*	*87%*
Allowed in Some Places/At Some Times	7%	5%	9%	5%	1%	*NA*	*NA*
Allowed Anywhere	2%	2%	<1%	<1%	<1%	*NA*	*NA*
No Rules Inside Home	12%	10%	7%	5%	9%	*NA*	*NA*

Delta-8 (Marijuana-lite, Diet Weed, Dabs) Use in Past Month	Washington					*WI*	*US*
	_2011_	_2014_	_2016_	_2019_	_2022_	_2020_	_2020_
Delta-8	--	--	--	--	4%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available.

[1]Wisconsin current vapers is 2017 data. [2]Midwest data.

Alcohol Use in Past Month			Washington			*WI*	*US*
	2011	2014	2016	2019	2022	*2020*	*2020*
Heavy Drinker*	--	--	--	--	11%	*10%*	*7%*
Binge Drinker** [HP2030 Goal 5+ Drinks: 25%]	33%	39%	34%	39%	27%	*23%*	*16%*

Mental Health Status			Washington			*WI*	*US*
	2011	2014	2016	2019	2022	*2020*	*2020*
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	3%	6%	5%	4%	6%	*NA*	*NA*
Considered Suicide (Past Year)	2%	4%	3%	8%	7%	*NA*	*NA*
Find Meaning & Purpose in Daily Life Seldom/Never	3%	2%	7%	6%	3%	*NA*	*NA*

Children in Household			Washington			*WI*	*US*
	2011	2014	2016	2019	2022	*2020*	*2020*
Personal Health Care Provider Who Knows Child Well and Familiar with History	84%	99%	99%	90%	99%	*NA*	*NA*
Visited Personal Health Care Provider for Preventive Care (Past Year)	82%	91%	91%	84%	88%	*NA*	*NA*
Unmet Dental Care (Past Year)	7%	9%	5%	0%	3%	*NA*	*NA*
Mental Health Condition	--	--	--	--	13%	*NA*	*NA*
Overweight or Obese	--	--	--	--	2%	*NA*	*NA*
Asthma	6%	4%	10%	4%	6%	*NA*	*NA*
Diabetes	--	--	--	--	0%	*NA*	*NA*
Children 5 to 17 Years Old							
Safety in Community Seldom/Never	0%	0%	2%	3%	0%	*NA*	*NA*
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)***	3%	2%	4%	6%	8%	*NA*	*NA*
Experienced Some Form of Bullying (Past Year)***	19%	32%	33%	19%	13%	*NA*	*NA*
Verbally Bullied***	18%	30%	30%	19%	11%	*NA*	*NA*
Physically Bullied***	9%	13%	3%	4%	6%	*NA*	*NA*
Cyber Bullied***	6%	0%	5%	9%	5%	*NA*	*NA*

Top County Social or Economic Issues			Washington			*WI*	*US*
	2011	2014	2016	2019	2022	*2020*	*2020*
Economic Stability and Employment	--	--	--	--	14%	*NA*	*NA*
Food Insecurity	--	--	--	--	14%	*NA*	*NA*
Education Access and Quality	--	--	--	--	13%	*NA*	*NA*
Safe and Affordable Housing	--	--	--	--	11%	*NA*	*NA*
Accessible and Affordable Transportation	--	--	--	--	11%	*NA*	*NA*
Social Connectedness and Belonging	--	--	--	--	10%	*NA*	*NA*
Accessible and Affordable Health Care	--	--	--	--	8%	*NA*	*NA*
Community Violence and Crime	--	--	--	--	8%	*NA*	*NA*
Inflation	--	--	--	--	4%	*NA*	*NA*
Racism and Discrimination	--	--	--	--	4%	*NA*	*NA*

Top County Health or Behavioral Issues			Washington			*WI*	*US*
	2011	2014	2016	2019	2022	*2020*	*2020*
Mental Health, Mental Conditions and Suicide	--	--	--	--	34%	*NA*	*NA*
Alcohol Abuse and Drug/Substance Use	--	--	--	--	26%	*NA*	*NA*
Nutrition, Physical Activity and Obesity	--	--	--	--	21%	*NA*	*NA*
Access to Affordable Health Care	--	--	--	--	8%	*NA*	*NA*
Tobacco and Vaping Products	--	--	--	--	7%	*NA*	*NA*
Communicable Diseases or COVID-19	--	--	--	--	6%	*NA*	*NA*
Chronic Diseases	--	--	--	--	5%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available.

*Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.

**Binge drinking is defined as "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males.

***Since 2019, the question was asked for children 5 to 17 years old. In prior years, the question was asked for children 8 to 17 years old.

General Health
In 2022, 46% of respondents reported their health as excellent or very good; 19% reported fair or poor. Respondents who were male, 45 to 54 years old, 65 and older, with a high school education or less or overweight respondents were more likely to report fair or poor health. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.*

Health Care Coverage
In 2022, less than one percent of respondents reported they were not currently covered by health care insurance. Four percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the middle 20 percent household income bracket or without children in the household were more likely to report this. *From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported someone in the household was not covered at least part of the time in the past year, as well as from 2019 to 2022.*

In 2022, 6% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents who were unmarried or with children in the household were more likely to report this. Ten percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the top 40 percent household income bracket were more likely to report this. Nine percent of respondents reported in the past year they did not receive the mental health care services they needed or considered seeking; respondents 18 to 34 years old or with some post high school education were more likely to report this. Less than one percent of respondents reported in the past year they did not receive the alcohol/substance abuse treatment they needed or considered seeking. *From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported unmet dental care for a household member in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically increased for respondents who reported unmet mental health care services in the past year, as well as from 2019 to 2022. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only. In 2019, unmet mental health care services was asked of the household. In all other study years, it was asked of the respondent only.*

Economic Hardships
In 2022, less than one percent of respondents reported their household went hungry because they didn't have enough food in the past year. Five percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Three percent of respondents reported they had an issue with their current housing situation. *From 2016 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year, as well as from 2019 to 2022.*

Health Information
In 2022, 70% of respondents reported they trust a doctor or other health professional the most for health information while 12% reported they were/family member was in the health care field. Eleven percent reported the Internet as their most trusted source for health information. Respondents who were 55 and older, in the bottom 40 percent household income bracket or married were more likely to report doctor or other health professional. Respondents 18 to 34 years old, with a college education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report themselves or a family member in the health care field and their most trusted source for health information. Respondents who were male, with a high school education or less or in the middle 20 percent household income bracket were more likely to report the Internet. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the*

overall percent of respondents who reported they were/family member was in the health care field and their source of health information while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022.

Health Services
In 2022, 92% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report a primary care physician. Fifty-eight percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 23% reported an urgent care center. Eight percent reported a Quickcare clinic/Fastcare clinic. Respondents who were 65 and older, in the top 40 percent household income bracket or married were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents who were female, 18 to 34 years old or unmarried were more likely to report an urgent care center as their primary health care. Respondents 18 to 34 years old, with a college education or in the middle 20 percent household income bracket were more likely to report a Quickcare clinic/Fastcare clinic as their primary health care. *From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician while from 2019 to 2022, there was a statistical increase. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic/Fastcare clinic, as well as from 2019 to 2022.*

Top Health Conditions or Behaviors Family Faces
In 2022, respondents were asked to list the top two health conditions or behaviors that they and their family face at this time. The most often cited were chronic diseases (48%) or mental health, mental conditions and suicide (14%). Respondents without children in the household were more likely to report chronic diseases as a top health condition or behavior. Respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report mental health, mental conditions and suicide. Six percent of respondents reported chronic pain, bad back, knee replacement and arthritis. Five percent of respondents reported nutrition, physical activity and obesity as a top health condition or behavior; married respondents were more likely to report this. Five percent of respondents reported communicable diseases or COVID-19; respondents in the middle 20 percent household income bracket or with children in the household were more likely to report this. Four percent of respondents reported aging population as a top health condition or behavior; respondents without children in the household were more likely to report this. Four percent of respondents reported unintentional injury, including falls and motor vehicle accidents; married respondents were more likely to report this.

Health Conditions
In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (35%), high blood cholesterol (23%) or a mental health condition (20%). Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report high blood pressure. Respondents who were 55 to 64 years old, overweight or nonsmokers were more likely to report high blood cholesterol. Respondents who were female, 18 to 34 years old, with a high school education or less, with a college education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a mental health condition. Eleven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents who were male, 65 and older, with some post high school education or in the bottom 40 percent household income bracket were more likely to report heart disease/condition. Eleven percent of respondents reported diabetes; respondents who were male, 65 and older, overweight or nonsmokers were more likely to report this. Six percent reported current asthma; respondents who were female, 45 to 54 years old, 65 and older or married were more likely to report this. Of respondents who reported these health conditions, at least 80% reported they were regularly seeing a doctor, nurse or other health care provider for their health condition. *From 2011 to 2022, there was a statistical increase in the overall percent of*

respondents who reported high blood pressure, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, heart disease condition, diabetes or current asthma, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2019 to 2022, there was no statistical change.

Body Weight
In 2022, 68% of respondents were classified as at least overweight while 35% were obese. Respondents 45 to 54 years old, with a high school education or less, with a college education, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or married respondents were more likely to be at least overweight. Respondents with a high school education or less were more likely to be obese. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who were at least overweight or obese, as well as from 2019 to 2022.*

Tobacco Product Use
In 2022, 15% of respondents were current tobacco cigarette smokers; respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. Eleven percent of respondents used electronic vapor products in the past month; respondents who were male, 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. Three percent of respondents each used cigars/cigarillos/little cigars or smokeless tobacco in the past month. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical increase in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was no statistical change. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who used smokeless tobacco in the past month, as well as from 2019 to 2022.*

In 2022, 89% of respondents reported smoking is not allowed anywhere inside the home. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.*

Delta-8 Use
In 2022, 4% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month. Respondents who were male, 18 to 34 years old, with a college education or married respondents were more likely to report they used Delta-8 in the past month.

Alcohol Use
In 2022, 82% of respondents had an alcoholic drink in the past month. Eleven percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 27% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents who were male, 18 to 34 years old or in the middle 20 percent household income bracket were more likely to have binged in the past month. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical <u>decrease</u>.*

Mental Health Status
In 2022, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were 45 to 54 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this. Seven percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were male, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Three percent of respondents reported they seldom or never find meaning and purpose in daily life. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month or they considered suicide in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was no statistical*

change in the overall percent of respondents who reported they seldom/never find meaning and purpose in daily life while from 2019 to 2022, there was a statistical <u>decrease</u>.

Children in Household
In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-nine percent of respondents reported they have one or more persons they think of as the child's personal health care provider, with 88% reporting the child visited their personal health care provider for preventive care during the past year. Three percent of respondents reported in the past year the child did not receive the dental care needed. Thirteen percent of respondents reported the child had a diagnosed mental health condition. Two percent of respondents reported the child was overweight or obese. Six percent of respondents reported the child currently had asthma. Zero percent of respondents reported the child had diabetes. Zero percent of respondents reported the 5 to 17 year old child was seldom/never safe in their community. Eight percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Thirteen percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 11% reported verbal bullying, 6% reported physical bullying and 5% reported cyber bullying. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the child had a personal health care provider, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child visited their personal health care provider in the past year for preventive care, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child currently had asthma, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child was seldom/never safe in their community or was always or nearly always unhappy/sad /depressed in the past six months, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was bullied overall as well as verbally bullied, physically bullied or cyber bullied, as well as from 2019 to 2022.*

Top County Social or Economic Issues
In 2022, respondents were asked to list the top two social or economic issues in the county. The most often cited were economic stability and employment (14%), food insecurity (14%) or education access and quality (13%). Respondents 35 to 44 years old, 55 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report economic stability and employment as a top social or economic issue. Respondents with a high school education or less, with a college education or married respondents were more likely to report food insecurity. Respondents who were 18 to 34 years old, in the top 40 percent household income bracket or married were more likely to report education access and quality as a top issue. Eleven percent of respondents reported safe and affordable housing; respondents who were female, in the middle 20 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported accessible and affordable transportation as a top issue; respondents in the middle 20 percent household income bracket were more likely to report this. Ten percent of respondents reported social connectedness and belonging; respondents who were male, 35 to 44 years old, with some post high school education or unmarried respondents were more likely to report this. Eight percent of respondents reported accessible and affordable health care as a top issue; respondents who were 55 to 64 years old or married were more likely to report this. Eight percent of respondents reported community violence and crime; respondents 55 to 64 years old were more likely to report this. Four percent of respondents reported inflation; respondents who were male, with some post high school education or in the top 40 percent household income bracket were more likely to report this. Four percent of respondents reported racism and discrimination as a top issue; respondents 55 and older were more likely to report this.

Top County Health Conditions or Behaviors
In 2022, respondents were asked to list the top two health or behavioral issues in the county that must be addressed in order to improve the health of county residents. The most often cited were mental health, mental conditions and suicide (34%) or alcohol abuse and drug/substance use (26%). Respondents who were female, 18 to 64 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report mental health, mental conditions and suicide as a top health or behavioral issue. Respondents with a college education or unmarried

respondents were more likely to report alcohol abuse and drug/substance use. Twenty-one percent of respondents reported nutrition, physical activity and obesity; respondents 18 to 34 years old, with a high school education or less, with a college education or in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported access to affordable health care as a top issue; male respondents were more likely to report this. Seven percent of respondents reported tobacco and vaping products; respondents who were female, 18 to 34 years old, with a college education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Six percent of respondents reported communicable diseases or COVID-19 as a top issue; respondents 55 and older or in the middle 20 percent household income bracket were more likely to report this. Five percent of respondents reported chronic diseases; respondents 65 and older were more likely to report this.

Rating Their Own Health (Figures 1 & 2; Table 2)

KEY FINDINGS: In 2022, 46% of respondents reported their health as excellent or very good; 19% reported fair or poor. Respondents who were male, 45 to 54 years old, 65 and older, with a high school education or less or overweight respondents were more likely to report fair or poor health.

From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.

Rating Their Own Health

In 2020, 57% of Wisconsin respondents reported their health as excellent or very good, 30% reported good while 13% reported fair or poor. Fifty-seven percent of U.S. respondents reported their health as excellent or very good while 30% reported good and 13% reported fair or poor (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 2)

- Forty-six percent of respondents said their own health, generally speaking, was either excellent or very good. A total of 19% reported their health was fair (17%) or poor (2%).

Figure 1. Rate Own Health for 2022 (Q1)
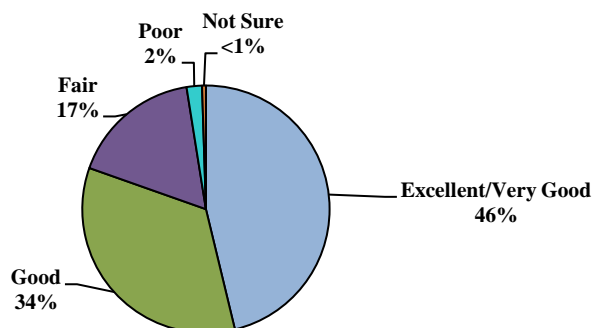
- Male respondents were more likely to report their health was fair or poor (26%) compared to female respondents (14%).

- Twenty-seven percent of respondents 65 and older and 25% of those 45 to 54 years old reported their health was fair or poor compared to 2% of respondents 35 to 44 years old.

- Twenty-eight percent of respondents with a high school education or less reported their health was fair or poor compared to 18% of those with a college education or 11% of respondents with some post high school education.

- Overweight respondents were more likely to report their health was fair or poor (23%) compared to respondents who were not overweight (13%).

<u>2011 to 2022 Year Comparisons (Table 2)</u>

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported fair or poor health.

- In 2011, gender was not a significant variable. In 2022, male respondents were more likely to report fair or poor health.

- In 2011, respondents 65 and older were more likely to report fair or poor health. In 2022, respondents 45 to 54 years old or 65 and older were more likely to report fair or poor health. From 2011 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old and a noted <u>decrease</u> in the percent of respondents 35 to 44 years old reporting fair or poor health.

- In 2011 and 2022, respondents with a high school education or less were more likely to report fair or poor health. From 2011 to 2022, there was a noted increase in the percent of respondents with a college education reporting fair or poor health.

- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health. In 2022, household income was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting fair or poor health.

- In 2011, unmarried respondents were more likely to report fair or poor health. In 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting fair or poor health.

- In 2011 and 2022, overweight respondents were more likely to report fair or poor health.

- In 2011, smokers were more likely to report fair or poor health. In 2022, smoking status was not a significant variable.

<u>2019 to 2022 Year Comparisons (Table 2)</u>

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported fair or poor health.

- In 2019, gender was not a significant variable. In 2022, male respondents were more likely to report fair or poor health, with a noted increase since 2019.

- In 2019, respondents 65 and older were more likely to report fair or poor health. In 2022, respondents 45 to 54 years old or 65 and older were more likely to report fair or poor health. From 2019 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old and a noted <u>decrease</u> in the percent of respondents 35 to 44 years old reporting fair or poor health.

- In 2019 and 2022, respondents with a high school education or less were more likely to report fair or poor health.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report fair or poor health. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting fair or poor health.

- In 2019, unmarried respondents were more likely to report fair or poor health. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of married respondents reporting fair or poor health.

- In 2019, overweight status was not a significant variable. In 2022, overweight respondents were more likely to report fair or poor health, with a noted increase since 2019.

Table 2. Fair or Poor Health by Demographic Variables for Each Survey Year (Q1)①

	2011	2014	2016	2019	2022
TOTAL	19%	12%	16%	15%	19%
Gender[5]					
Male[b]	22	12	16	14	26
Female	17	12	15	14	14
Age[1,2,4,5]					
18 to 34[a,b]	10	4	18	5	20
35 to 44[a,b]	21	5	13	14	2
45 to 54	22	19	16	15	25
55 to 64	16	13	15	15	16
65 and Older	30	20	15	30	27
Education[1,2,3,4,5]					
High School or Less	32	16	21	21	28
Some Post High School	14	14	23	11	11
College Graduate[a]	7	6	8	13	18
Household Income[1,2,3,4]					
Bottom 40 Percent Bracket	30	19	24	25	19
Middle 20 Percent Bracket	15	13	17	14	19
Top 40 Percent Bracket[a,b]	6	7	8	6	16
Marital Status[1,4]					
Married[b]	13	11	13	11	19
Not Married[a]	29	13	19	20	18
Overweight Status[1,5]					
Not Overweight	12	9	11	20	13
Overweight[b]	23	14	17	13	23
Smoking Status[1]					
Nonsmoker	17	11	15	14	18
Smoker	29	16	19	21	25

①Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Rating Their Own Health Overall

<u>Year Comparisons</u>

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.

Figure 2. Fair or Poor Health (Q1)
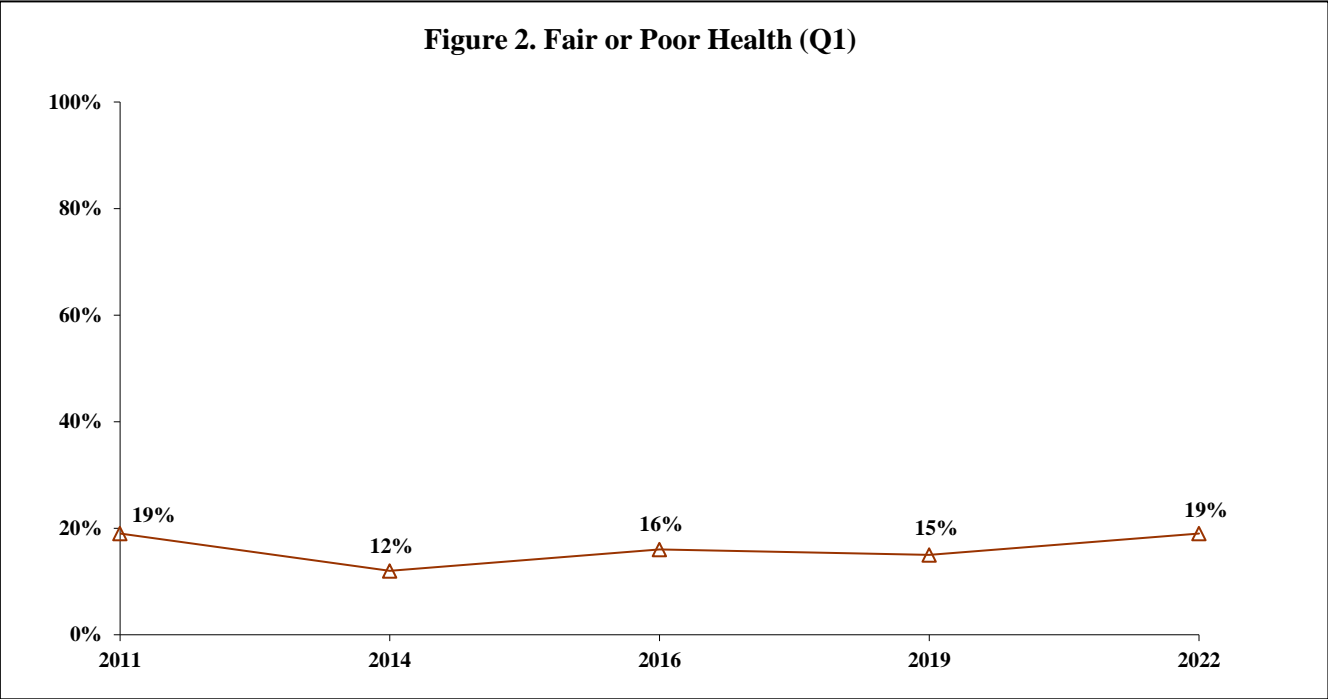
Health Care Coverage (Figures 3 & 4; Tables 3 & 4)

KEY FINDINGS: In 2022, less than one percent of respondents reported they were not currently covered by health care insurance. Four percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the middle 20 percent household income bracket or without children in the household were more likely to report this.

From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported someone in the household was not covered at least part of the time in the past year, as well as from 2019 to 2022.

Personally Not Covered Currently

The Healthy People 2030 goal for persons under 65 years not having medical insurance is 8%. (Objective AHS-01)

In 2020, 8% of Wisconsin respondents 18 and older reported they personally did not have health care coverage. Eleven percent of U.S. respondents reported this. Nine percent of Wisconsin respondents 18 to 64 years old did not have health care coverage while 13% of U.S. respondents 18 to 64 years old reported this (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 3)

- Less than one percent of respondents reported they were not currently covered by any health care insurance. Seventy percent reported through an employer, either their own, or partner/spouse or parent. Twenty-three percent reported Medicare while 11% reported private insurance they pay for themselves. Six percent reported insurance through the Health Insurance Marketplace/Obama Care or Affordable Care Act, also known as the ACA. Four percent reported Medicaid, including medical assistance, Title 19 or Badger Care. Four percent of respondents reported the Veteran's Administration.
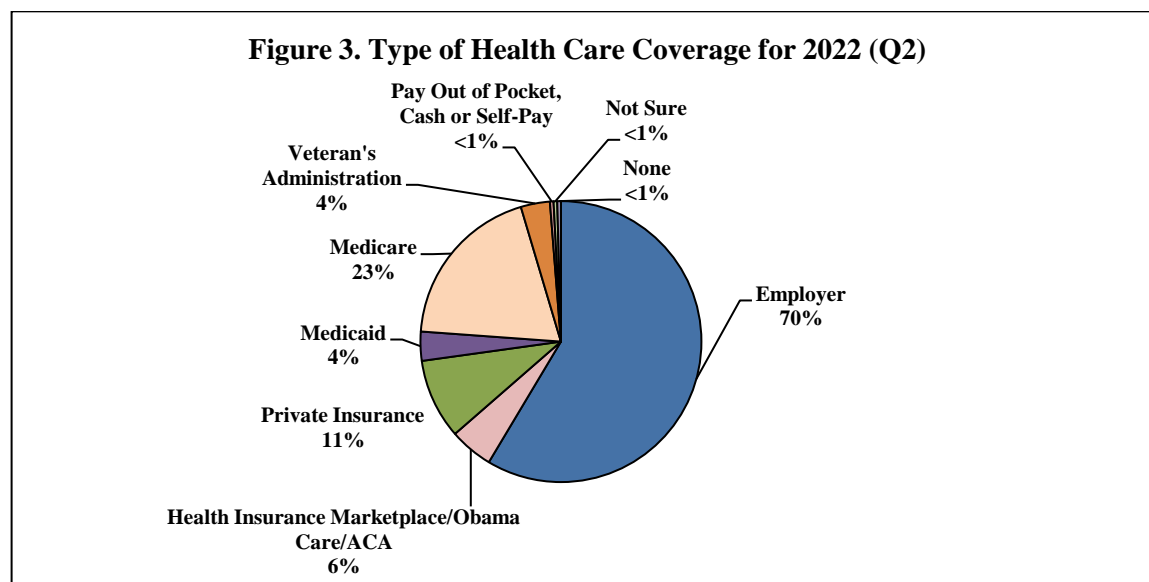
Figure 3. Type of Health Care Coverage for 2022 (Q2)

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they were not covered currently by health care insurance.

2011 to 2022 Year Comparisons (Table 3)

- From 2011 to 2022, there was a statistical decrease in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.

- In 2011, respondents who were male, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they were not covered currently by health insurance.

2019 to 2022 Year Comparisons (Table 3)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage.

- In 2019, respondents who were 45 to 54 years old, in the middle 20 percent household income bracket or unmarried were more likely to report they were not covered currently by health insurance.

Table 3. Personally No Current Health Care Coverage by Demographic Variables for Each Survey Year (Q2)[1]

	2011	2014	2016	2019	2022[2]
TOTAL					
All Respondents[a,b]	10%	5%	5%	6%	<1%
Respondents 18 to 64 Years Old[a,b]	12	6	5	7	<1
Gender[1,2,3]					
Male	15	7	8	8	--
Female	4	2	2	4	--
Age[1,2,3,4]					
18 to 34	19	11	9	8	--
35 to 44	13	1	3	7	--
45 to 54	7	5	7	11	--
55 to 64	7	4	1	1	--
65 and Older	0	0	0	0	--
Education[1,2,3]					
High School or Less	10	10	10	9	--
Some Post High School	14	0	4	5	--
College Graduate	4	3	3	4	--
Household Income[1,2,4]					
Bottom 40 Percent Bracket	19	3	9	9	--
Middle 20 Percent Bracket	8	10	7	11	--
Top 40 Percent Bracket	1	2	2	3	--
Marital Status[1,2,3,4]					
Married	3	0	2	3	--
Not Married	19	11	8	11	--

[1]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[2]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Someone in Household Not Covered in the Past Year

2022 Findings (Table 4)

- Four percent of respondents reported someone in their household was not covered by insurance at least part of the time in the past year.

- Ten percent of respondents in the middle 20 percent household income bracket reported someone in their household was not covered in the past year compared to 2% of respondents in the bottom 40 percent income bracket or in the top 40 percent household income bracket.

- Five percent of respondents without children in the household reported someone in their household was not covered in the past year compared to 0% of respondents with children in the household.

2011 to 2022 Year Comparisons (Table 4)

- From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in their household was not covered at least part of the time in the past year.

- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household was not covered in the past year. In 2022, respondents in the middle 20 percent household income bracket were more likely to report someone in their household was not covered in the past year. From 2011 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting someone in their household was not covered in the past year.

- In 2011, unmarried respondents were more likely to report someone in their household was not covered in the past year. In 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of unmarried respondents reporting someone in their household was not covered in the past year.

- In 2011, the presence of children was not a significant variable. In 2022, respondents without children in the household were more likely to report someone in their household was not covered in the past year. From 2011 to 2022, there was a noted decrease in the percent of respondents with or without children in the household reporting someone in their household was not covered in the past year.

2019 to 2022 Year Comparisons (Table 4)

- From 2019 to 2022, the overall percent statistically decreased for respondents who reported someone in their household was not covered at least part of the time in the past year.

- In 2019 and 2022, respondents in the middle 20 percent household income bracket were more likely to report someone in their household was not covered in the past year. From 2019 to 2022, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting someone in their household was not covered in the past year.

- In 2019 and 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across marital status reporting someone in their household was not covered in the past year.

- In 2019, respondents with children in the household were more likely to report someone in their household was not covered in the past year. In 2022, respondents without children in the household were more likely to report someone in their household was not covered in the past year. From 2019 to 2022, there was a noted decrease in the percent of respondents with children in the household reporting someone in their household was not covered in the past year.

Table 4. Someone in Household Not Covered by Health Insurance in Past Year by Demographic Variables for Each Survey Year (Q3)[①]

	2011	2014	2016	2019	2022
TOTAL[a,b]	12%	10%	9%	11%	4%
Household Income[1,4,5]					
Bottom 40 Percent Bracket[a,b]	24	11	8	11	2
Middle 20 Percent Bracket[b]	9	10	14	25	10
Top 40 Percent Bracket	3	5	10	5	2
Marital Status[1,2,3]					
Married[b]	6	2	6	10	5
Not Married[a,b]	23	19	14	13	2
Children in Household[3,4,5]					
Yes[a,b]	9	10	6	20	0
No[a]	14	10	12	5	5

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Health Care Coverage Overall

Year Comparisons

- From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported someone in the household was not covered at least part of the time in the past year, as well as from 2019 to 2022.

Figure 4. Health Care Coverage (Q2 & Q3)

Legend:
— Personally Not Currently Covered (18 and Older)
— Personally Not Currently Covered (18 to 64 Years Old)
— Someone in Household Not Covered in Past Year

Health Care Needed (Figure 5; Tables 5 - 8)

KEY FINDINGS: In 2022, 6% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents who were unmarried or with children in the household were more likely to report this. Ten percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the top 40 percent household income bracket were more likely to report this. Nine percent of respondents reported in the past year they did not receive the mental health care services they needed or considered seeking; respondents 18 to 34 years old or with some post high school education were more likely to report this. Less than one percent of respondents reported in the past year they did not receive the alcohol/substance abuse treatment they needed or considered seeking.

From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported unmet dental care for a household member in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically increased for respondents who reported unmet mental health care services in the past year, as well as from 2019 to 2022. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only. In 2019, unmet mental health care services was asked of the household. In all other study years, it was asked of the respondent only.

Financial Burden of Prescription Medications

The Healthy People 2030 goal for people unable to obtain or having to delay needed prescription medicines in the past 12 months is 3%. (Objective AHS-06)

In 2017, 3% of U.S. respondents reported they were unable to obtain or had to delay prescription medicines in the past year (2017 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 5)

- Six percent of respondents reported in the past year someone in their household had not taken their prescribed medication due to prescription costs.

- There were no statistically significant differences between demographic variables and responses of someone had not taken their prescribed medication due to prescription costs in the past year.

2011 to 2022 Year Comparisons (Table 5)

- From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported in the past year someone in their household had not taken their prescribed medication due to prescription costs.

- In 2011 and 2022, household income was not a significant variable. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket reporting someone had not taken their prescribed medication due to prescription costs in the past year.

- In 2011 and 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents across marital status reporting someone had not taken their prescribed medication due to prescription costs in the past year.

- In 2011 and 2022, the presence of children in the household was not a significant variable. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents without children in the household reporting someone had not taken their prescribed medication due to prescription costs in the past year.

<u>2019 to 2022 Year Comparisons (Table 5)</u>

- From 2019 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone in their household had not taken their prescribed medication due to prescription costs.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket reporting someone had not taken their prescribed medication due to prescription costs in the past year.

- In 2019, married respondents were more likely to report someone in their household had not taken their prescribed medication due to prescription costs in the past year. In 2022, marital status was not a significant variable.

Table 5. Prescription Medications Not Taken Due to Cost in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q4)[①]

	2011	2014	2016	2019	2022
TOTAL[a]	14%	7%	17%	7%	6%
Household Income[4]					
Bottom 40 Percent Bracket[a,b]	19	9	17	15	6
Middle 20 Percent Bracket	14	6	11	6	11
Top 40 Percent Bracket	11	5	20	2	5
Marital Status[4]					
Married[a]	14	6	18	9	8
Not Married[a]	12	7	16	4	3
Children in Household					
Yes	11	5	21	10	5
No[a]	15	8	15	5	7

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at p≤0.05 in 2011; [2]<u>demographic</u> difference at p≤0.05 in 2014; [3]<u>demographic</u> difference at p≤0.05 in 2016; [4]<u>demographic</u> difference at p≤0.05 in 2019; [5]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2011 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Unmet Medical Care

The Healthy People 2030 goal for people unable to obtain or having to delay medical care, tests or treatments they or a doctor believed necessary in the past 12 months is 3%. (Objective AHS-04)

In 2017, 4% of U.S. respondents reported they were unable to obtain or had to delay medical care in the past year (2017 Behavioral Risk Factor Surveillance System).

- Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed.

- Unmarried respondents were more likely to report someone in their household did not receive the medical care needed in the past year compared to married respondents (14% and 7%, respectively).

- Seventeen percent of respondents with children in the household reported someone in their household did not receive the medical care needed in the past year compared to 6% of respondents without children in the household.

Of the 10% of respondents who reported an unmet medical care need in the household (n=38)…

  o Of the 38 respondents who reported an unmet medical care need, 64% reported the inability to pay as the reason for the unmet need while 10% reported laziness.

2011 to 2022 Year Comparisons (Table 6)

In 2011, the question was asked of respondents only. In 2022, the question was asked about any household member.

- From 2011 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone did not receive the medical care needed.

- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the medical care needed. In 2022, household income was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting in the past year someone in the household did not receive the medical care needed.

- In 2011, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report in the past year someone in the household did not receive the medical care needed.

- In 2011, the presence of children in the household was not a significant variable. In 2022, respondents with children in the household were more likely to report in the past year someone in the household did not receive the medical care needed. From 2011 to 2022, there was a noted decrease in the percent of respondents without children in the household reporting in the past year someone in the household did not receive the medical care needed.

2019 to 2022 Year Comparisons (Table 6)

- From 2019 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone did not receive the medical care needed.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the medical care needed. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting in the past year someone in the household did not receive the medical care needed.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report in the past year someone did not receive the medical care needed, with a noted increase since 2019.

- In 2019, the presence of children in the household was not a significant variable. In 2022, respondents with children in the household were more likely to report in the past year someone in the household did not receive the medical care needed, with a noted increase since 2019.

Table 6. Unmet Medical Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q5)[1,2]

	2011	2014	2016	2019	2022
TOTAL	12%	10%	15%	7%	10%
Household Income[1,3,4]					
Bottom 40 Percent Bracket[a]	20	11	19	9	4
Middle 20 Percent Bracket[b]	15	13	4	0	9
Top 40 Percent Bracket	2	8	16	6	6
Marital Status[5]					
Married	10	8	14	8	7
Not Married[b]	14	11	16	5	14
Children in Household[3,5]					
Yes[b]	13	8	19	5	17
No[a]	11	10	12	7	6

[1]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
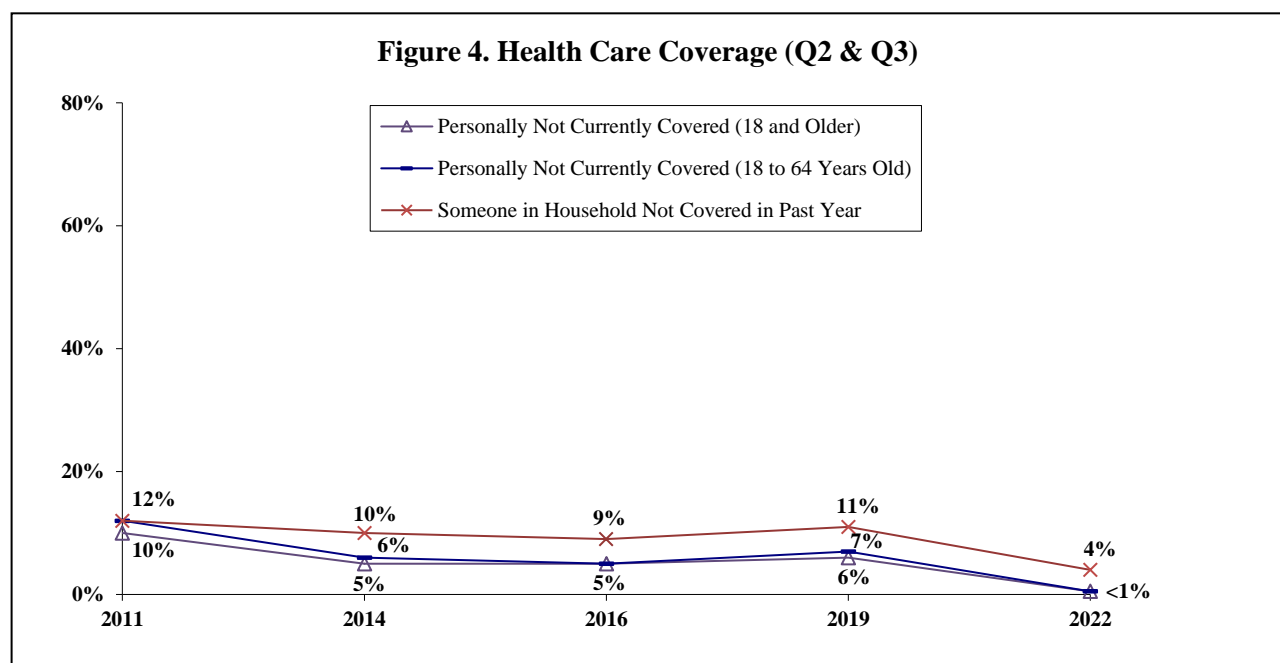[2]Since 2019, the question was asked of any household member. In prior years, it was asked of respondents only.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Unmet Dental Care

The Healthy People 2030 goal for people unable to obtain or having to delay dental care, tests or treatments they or a doctor believed necessary in the past 12 months is 4%. (Objective AHS-05)

In 2017, 5% of U.S. respondents reported they were unable to obtain or had to delay dental care in the past year (2017 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 7)

- Ten percent of respondents reported in the past year someone in the household did not receive the dental care needed.

- Twelve percent of respondents in the top 40 percent household income bracket reported someone in their household did not receive the dental care needed in the past year compared to 6% of those in the bottom 40 percent income bracket or 3% of respondents in the middle 20 percent household income bracket.

Of the 10% of respondents who reported an unmet dental care need in the household (n=39)…

  o Of the 39 respondents who reported not receiving dental care needed, 59% reported they were uninsured as the reason for the unmet need while 14% each reported laziness or the inability to pay.

<u>2011 to 2022 Year Comparisons (Table 7)</u>

In 2011, the question was asked of respondents only. In 2022, the question was asked about any household member.

- From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported in the past year someone in the household did not receive the dental care needed.

- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed. In 2022, respondents in the top 40 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 60 percent household income bracket reporting in the past year someone did not receive the dental care needed.

- In 2011, unmarried respondents were more likely to report in the past year someone did not receive the dental care needed. In 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting in the past year someone did not receive the dental care needed.

- In 2011 and 2022, the presence of children was not a significant variable. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents with or without children in the household reporting in the past year someone did not receive the dental care needed.

<u>2019 to 2022 Year Comparisons (Table 7)</u>

- From 2019 to 2022, the overall percent statistically remained the same for respondents who reported in the past year someone in the household did not receive the dental care needed.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed. In 2022, respondents in the top 40 percent household income bracket were more likely to report in the past year someone did not receive the dental care needed, with a noted increase since 2019. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 60 percent household income bracket reporting in the past year someone did not receive the dental care needed.

Table 7. Unmet Dental Care in Past Year by Demographic Variables for Each Survey Year (Household Member) (Q7)[1],[2]

	2011	2014	2016	2019	2022
TOTAL[a]	19%	9%	15%	12%	10%
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket[a,b]	27	17	37	20	6
Middle 20 Percent Bracket[a,b]	11	5	22	14	3
Top 40 Percent Bracket[b]	14	7	5	4	12
Marital Status[1,2]					
Married	14	5	12	12	9
Not Married[a]	26	13	18	12	12
Children in Household					
Yes[a]	15	10	16	10	7
No[a]	21	7	13	14	11

[1]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[2]Since 2019, the question was asked of any household member. In prior years, it was asked of respondents only.
[1]demographic difference at $p \leq 0.05$ in 2011; [2]demographic difference at $p \leq 0.05$ in 2014; [3]demographic difference at $p \leq 0.05$ in 2016; [4]demographic difference at $p \leq 0.05$ in 2019; [5]demographic difference at $p \leq 0.05$ in 2022
[a]year difference at $p \leq 0.05$ from 2011 to 2022; [b]year difference at $p \leq 0.05$ from 2019 to 2022

Unmet Mental Health Care Services

2022 Findings (Table 8)

- Nine percent of respondents reported in the past year they did not receive the mental health care services they needed or considered seeking.

- Twenty-seven percent of respondents 18 to 34 years old reported in the past year they did not receive the mental health care services they needed or considered seeking compared to 1% of those 55 to 64 years old or 0% of respondents 65 and older.

- Eighteen percent of respondents with some post high school education reported in the past year they did not receive the mental health care services they needed or considered seeking compared to 11% of those with a college education or 0% of respondents with a high school education or less.

Of the 9% of respondents who reported an unmet mental health care service (n=37)…

  o Of the 37 respondents who reported not receiving mental health care service needed, 59% reported the inability to pay as the reason for the unmet need while 46% reported they don't know where to go.

2011 to 2022 Year Comparisons (Table 8)

- From 2011 to 2022, the overall percent statistically increased for respondents who reported in the past year they did not receive the mental health care services they needed or considered seeking.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported in the past year they did not receive the mental health care services they needed or considered seeking in 2011.

<u>2019 to 2022 Year Comparisons (Table 8)</u>

In 2019, the question was asked about any household member. In 2022, the question was asked of respondents only.

- From 2019 to 2022, the overall percent statistically increased for respondents who reported in the past year they did not receive the mental health care services they needed or considered seeking.

- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of male respondents reporting in the past year they did not receive the mental health care services they needed or considered seeking.

- In 2019, age was not a significant variable. In 2022, respondents 18 to 34 years old were more likely to report in the past year they did not receive the mental health care services they needed or considered seeking, with a noted increase since 2019.

- In 2019, education was not a significant variable. In 2022, respondents with some post high school education were more likely to report in the past year they did not receive the mental health care services they needed or considered seeking, with a noted increase since 2019. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with a high school education or less reporting in the past year they did not receive the mental health care services they needed or considered seeking.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report in the past year they did not receive the mental health care services they needed or considered seeking. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket reporting in the past year they did not receive the mental health care services they needed or considered seeking.

Table 8. Unmet Mental Health Care Services in Past Year by Demographic Variables for Each Survey Year (Q9)[①,②]

	2011[③]	2014[③]	2016[③]	2019	2022
TOTAL[a,b]	1%	2%	3%	6%	9%
Gender					
Male[b]	--	--	--	3	8
Female	--	--	--	5	3
Age[5]					
18 to 34[b]	--	--	--	10	27
35 to 44	--	--	--	4	5
45 to 54	--	--	--	7	8
55 to 64	--	--	--	4	1
65 and Older	--	--	--	0	0
Education[5]					
High School or Less[b]	--	--	--	5	0
Some Post High School[b]	--	--	--	6	18
College Graduate	--	--	--	5	11
Household Income[4]					
Bottom 40 Percent Bracket[b]	--	--	--	13	1
Middle 20 Percent Bracket	--	--	--	3	10
Top 40 Percent Bracket	--	--	--	2	7
Marital Status					
Married	--	--	--	4	8
Not Married	--	--	--	7	12

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

[②]In 2019, the question was asked of any household member. In all other study years, the question was asked of respondents only.

[③]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.

[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022

[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Unmet Alcohol /Substance Abuse Treatment

2022 Findings

- Less than one percent of respondents reported in the past year they did not receive the alcohol/substance abuse treatment they needed or considered seeking.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they did not receive the alcohol/substance abuse treatment they needed or considered seeking.

Health Care Needed Overall

<u>Year Comparisons</u>

- From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically <u>decreased</u> for respondents who reported unmet dental care for a household member in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically increased for respondents who reported unmet mental health care services in the past year, as well as from 2019 to 2022. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only. In 2019, unmet mental health care services was asked of the household. In all other study years, it was asked of the respondent only.

Figure 5. Unmet Health Care in Past Year (Q4, Q5, Q7, Q9 & Q11)

*Since 2019, the question was asked of any household member. In previous years, the question was asked of the respondent only.
**In 2019, the question was asked of any household member. In all other study years, the question was asked of respondents only.

Economic Hardships (Figure 6; Tables 9 & 10)

KEY FINDINGS: In 2022, less than one percent of respondents reported their household went hungry because they didn't have enough food in the past year. Five percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Three percent of respondents reported they had an issue with their current housing situation.

From 2016 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year, as well as from 2019 to 2022.

Food Insecurity

<u>2022 Findings (Table 9)</u>

- Less than one percent of respondents reported their household went hungry because they didn't have enough food in the past year.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported their household went hungry because they didn't have enough food in the past year.

<u>2016 to 2022 Year Comparisons (Table 9)</u>

- From 2016 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported they didn't have enough food in the past year.

- In 2016, respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report they didn't have enough food in the past year.

<u>2019 to 2022 Year Comparisons (Table 9)</u>

- From 2019 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported they didn't have enough food in the past year.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report they didn't have enough food in the past year.

Table 9. Household Went Hungry in Past Year by Demographic Variables for Each Survey Year (Q63)[①]

	2016	2019	2022[②]
TOTAL[a,b]	5%	4%	<1%
Household Income[1,2]			
Bottom 40 Percent Bracket	18	12	--
Middle 20 Percent Bracket	0	2	--
Top 40 Percent Bracket	1	0	--
Marital Status[1]			
Married	0	4	--
Not Married	10	4	--
Children in Household			
Yes	4	6	--
No	5	3	--

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[3]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2016 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Household Able to Meet Needs with Money and Resources

2022 Findings (Table 10)

- Five percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Fifty-eight percent of respondents strongly agreed and 37% agreed.

- There were no statistically significant differences between demographic variables and responses of their household was able to meet its needs with the money and resources they have.

Table 10. Strongly Disagree/Disagree Household Able to Meet Needs with Money and Resources in Past Month by Demographic Variables for 2022 (Q64)[①]

	2022
TOTAL	5%
Household Income	
Bottom 40 Percent Bracket	6
Middle 20 Percent Bracket	1
Top 40 Percent Bracket	7
Marital Status	
Married	5
Not Married	4
Children in Household	
Yes	3
No	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Issue with Current Housing Situation

2022 Findings

- Three percent of respondents reported they had an issue with their current housing situation.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they had an issue with their current housing situation.

Of the 3% of respondents who reported they had an issue with their current housing situation in the household (n=11)…

- o Of the 11 respondents who reported they had an issue with their current housing situation, five reported mortgage is too expensive as the reason.

Economic Hardships Overall

<u>Year Comparisons</u>

- From 2016 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year, as well as from 2019 to 2022.

Figure 6. Economic Hardships (Q63 - Q65)

Legend:
—✕— Household Went Hungry Because They Didn't Have Enough Food (Past Year)
—◇— Household Able to Meet Needs with Money and Resources Strongly Disagree/Disagree (Past Month)
——— Issue with Current Housing Situation

Data points:
- 2016: 5%
- 2019: 4%
- 2022: 5%, 3%, <1%
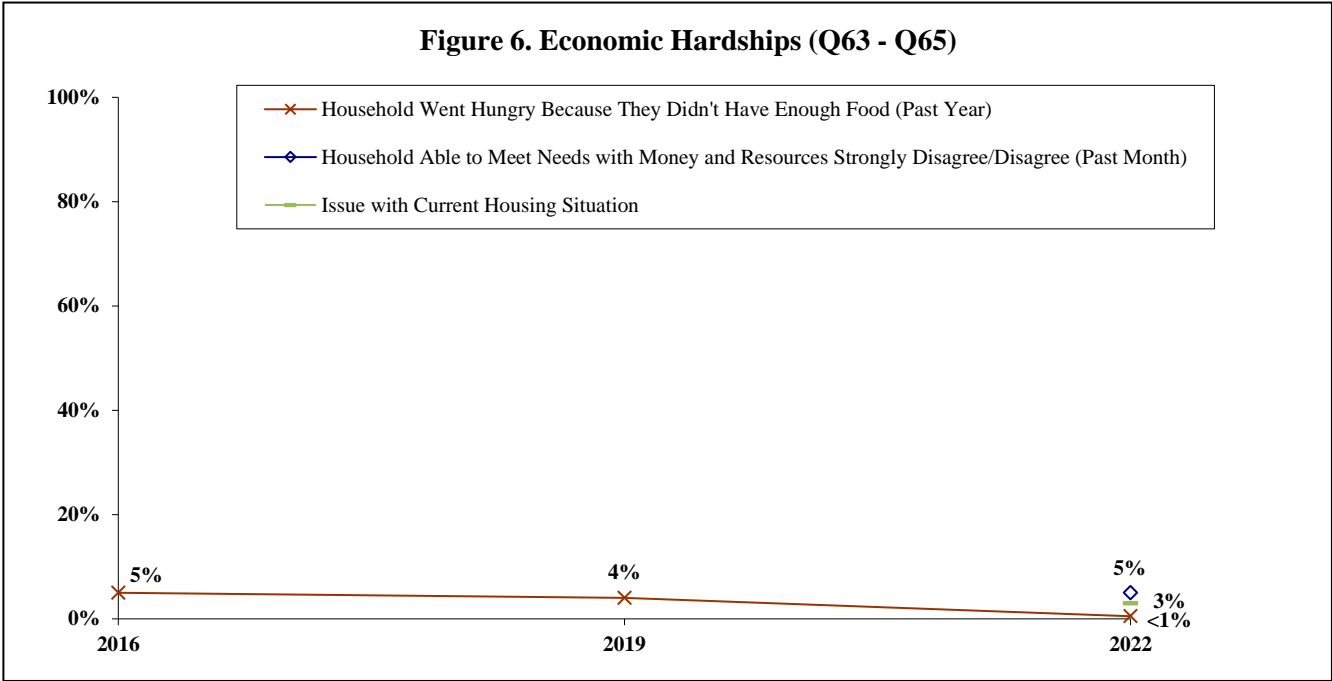
Health Information (Figure 7; Tables 11 - 13)

KEY FINDINGS: In 2022, 70% of respondents reported they trust a doctor or other health professional the most for health information while 12% reported they were/family member was in the health care field. Eleven percent reported the Internet as their most trusted source for health information. Respondents who were 55 and older, in the bottom 40 percent household income bracket or married were more likely to report doctor or other health professional. Respondents 18 to 34 years old, with a college education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report themselves or a family member in the health care field and their most trusted source for health information. Respondents who were male, with a high school education or less or in the middle 20 percent household income bracket were more likely to report the Internet.

From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they were/family member was in the health care field and their source of health information while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022.

Source for Health Information

<u>2022 Findings</u>

- Seventy percent of respondents reported they trust a doctor or other health professional, nurse, nurse practitioner or pharmacist the most for health information while 12% reported they were/family member was in the health care field. Eleven percent reported the Internet as their most trusted source for health information.

Doctor or Other Health Professional as Source for Health Information

<u>2022 Findings (Table 11)</u>

- Seventy percent of respondents reported they trust their doctor/other health professional the most for health information.

- Eighty-two percent of respondents 55 and older reported doctor or other health professional as their source for health information compared to 59% of those 35 to 44 years old or 55% of respondents 18 to 34 years old.

- Seventy-eight percent of respondents in the bottom 40 percent household income bracket reported doctor/other health professional as their source for health information compared to 72% of those in the top 40 percent income bracket or 49% of respondents in the middle 20 percent household income bracket.

- Married respondents were more likely to report doctor/other health professional as their source for health information compared to unmarried respondents (75% and 61%, respectively).

<u>2011 to 2022 Year Comparisons (Table 11)</u>

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust a doctor or other health professional the most for health information.

- In 2011 and 2022, gender was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents across gender reporting doctor or other health professional as their source for health information.

- In 2011, age was not a significant variable. In 2022, respondents 55 and older were more likely to report doctor or other health professional as their source for health information. From 2011 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old or 45 and older reporting doctor or other health professional as their source for health information.

- In 2011 and 2022, education was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents with at least some post high school education reporting doctor or other health professional as their source for health information.

- In 2011, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report doctor or other health professional as their source for health information, with a noted increase since 2011. From 2011 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting doctor or other health professional as their source for health information.

- In 2011, marital status was not a significant variable. In 2022, married respondents were more likely to report doctor or other health professional as their source for health information. From 2011 to 2022, there was a noted increase in the percent of respondents across marital status reporting doctor or other health professional as their source for health information.

2019 to 2022 Year Comparisons (Table 11)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust a doctor or other health professional the most for health information.

- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents across gender reporting doctor or other health professional as their source for health information.

- In 2019, respondents 65 and older were more likely to report doctor or other health professional as their source for health information. In 2022, respondents 55 and older were more likely to report doctor or other health professional as their source for health information. From 2019 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old or 45 to 64 years old reporting doctor or other health professional as their source for health information.

- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents across education reporting doctor or other health professional as their source for health information.

- In 2019, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report doctor or other health professional as their source for health information, with a noted increase since 2019. From 2019 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting doctor or other health professional as their source for health information.

- In 2019, marital status was not a significant variable. In 2022, married respondents were more likely to report doctor or other health professional as their source for health information. From 2019 to 2022, there was a noted increase in the percent of respondents across gender reporting doctor or other health professional as their source for health information.

Table 11. Doctor or Other Health Professional as Source for Health Information by Demographic Variables for Each Survey Year (Q14)[①]

	2011	2014	2016	2019	2022
TOTAL[a,b]	50%	49%	53%	49%	70%
Gender[2,3]					
Male[a,b]	46	41	41	46	64
Female[a,b]	54	57	52	52	72
Age[2,3,4,5]					
18 to 34[a,b]	38	52	40	29	55
35 to 44	57	27	42	42	59
45 to 54[a,b]	52	44	58	50	70
55 to 64[a,b]	52	59	57	61	82
65 and Older[a]	56	66	72	73	82
Education[2]					
High School or Less[b]	55	64	56	44	67
Some Post High School[a,b]	47	39	60	57	79
College Graduate[a,b]	47	41	47	47	66
Household Income[2,3,5]					
Bottom 40 Percent Bracket[a,b]	53	58	66	51	78
Middle 20 Percent Bracket	46	64	59	42	49
Top 40 Percent Bracket[a,b]	48	38	46	48	72
Marital Status[2,5]					
Married[a,b]	52	43	55	50	75
Not Married[a,b]	48	57	51	49	61

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Myself/Family Member in Health Care Field as Source for Health Information

2022 Findings (Table 12)

- Twelve percent of respondents reported they were, or a family member was, in the health care field and was their source for health information.

- Twenty-eight percent of respondents 18 to 34 years old reported they were, or a family member was, in the health care field and their source for health information compared to 7% of those 65 and older or 1% of respondents 55 to 64 years old.

- Eighteen percent of respondents with a college education reported they were, or a family member was, in the health care field and their source for health information compared to 12% of those with a high school education or less or less than one percent of respondents with some post high school education.

- Nineteen percent of respondents in the middle 20 percent household income bracket reported they were, or a family member was, in the health care field and their source for health information compared to 9% of those in the top 40 percent income bracket or 8% of respondents in the bottom 40 percent household income bracket.

- Twenty-three percent of unmarried respondents reported they were, or a family member was, in the health care field and their source for health information compared to 6% of married respondents.

2011 to 2022 Year Comparisons (Table 12)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they were, or a family member was, in the health care field and was their source for health information.

- In 2011 and 2022, gender was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of female respondents reporting they were, or a family member was, in the health care field and was their source for health information.

- In 2011, age was not a significant variable. In 2022, respondents 18 to 34 years old were more likely to report they were, or a family member was, in the health care field and was their source for health information, with a noted increase since 2011.

- In 2011, education was not a significant variable. In 2022, respondents with a college education were more likely to report they were, or a family member was, in the health care field and was their source for health information, with a noted increase since 2011.

- In 2011, household income was not a significant variable. In 2022, respondents in the middle 20 percent household income bracket were more likely to report they were, or a family member was, in the health care field and was their source for health information, with a noted increase since 2011.

- In 2011, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report they were, or a family member was, in the health care field and was their source for health information, with a noted increase since 2011

2019 to 2022 Year Comparisons (Table 12)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they were, or a family member was, in the health care field and was their source for health information.

- In 2019, respondents 45 to 54 years old were more likely to report they were, or a family member was, in the health care field and was their source for health information. In 2022, respondents 18 to 34 years old were more likely to report they were, or a family member was, in the health care field and was their source for health information, with a noted increase since 2019. From 2019 to 2022, there was a noted decrease in the percent of respondents 45 to 54 years old reporting they were, or a family member was, in the health care field and was their source for health information.

- In 2019 and 2022, respondents with a college education were more likely to report they were, or a family member was, in the health care field and was their source for health information. From 2019 to 2022, there was a noted increase in the percent of respondents with a high school education or less and a noted decrease in the percent of respondents with some post high school education reporting they were, or a family member was, in the health care field and was their source for health information.

- In 2019, respondents in the top 40 percent household income bracket were more likely to report they were, or a family member was, in the health care field and was their source for health information. In 2022, respondents in the middle 20 percent household income bracket were more likely to report they were, or a family member was, in the health care field and was their source for health information, with a noted increase since 2019.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report they were, or a family member was, in the health care field and was their source for health information, with a noted increase since 2019. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of married respondents reporting they were, or a family member was, in the health care field and was their source for health information.

Table 12. Myself/Family Member in Health Care Field as Source for Health Information by Demographic Variables for Each Survey Year (Q14)[①]

	2011	2014	2016	2019	2022
TOTAL[a]	5%	5%	11%	11%	12%
Gender[3]					
Male	6	4	5	9	10
Female[a]	4	6	15	13	15
Age[3,4,5]					
18 to 34[a,b]	5	5	10	14	28
35 to 44	5	3	29	8	14
45 to 54[b]	2	9	1	20	8
55 to 64	6	3	15	6	1
65 and Older	7	3	3	3	7
Education[3,4,5]					
High School or Less[b]	6	2	2	4	12
Some Post High School[b]	5	8	5	12	<1
College Graduate[a]	5	6	19	16	18
Household Income[3,4,5]					
Bottom 40 Percent Bracket	6	6	1	5	8
Middle 20 Percent Bracket[a,b]	3	7	0	5	19
Top 40 Percent Bracket	6	4	18	16	9
Marital Status[3,5]					
Married[b]	6	5	16	13	6
Not Married[a,b]	3	5	3	9	23

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at p≤0.05 in 2011; [2]<u>demographic</u> difference at p≤0.05 in 2014; [3]<u>demographic</u> difference at p≤0.05 in 2016; [4]<u>demographic</u> difference at p≤0.05 in 2019; [5]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2011 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Internet as Source for Health Information

<u>2022 Findings (Table 13)</u>

- Eleven percent of respondents reported they trust the Internet the most for health information.

- Male respondents were more likely to report the Internet as their source of health information (15%) compared to female respondents (8%).

- Eighteen percent of respondents with a high school education or less reported the Internet as their source of health information compared to 8% of respondents with at least some post high school education.

- Twenty-five percent of respondents in the middle 20 percent household income bracket reported the Internet as their source of health information compared to 10% of those in the top 40 percent income bracket or 6% of respondents in the bottom 40 percent household income bracket.

2011 to 2022 Year Comparisons (Table 13)

- From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most for health information.

- In 2011, gender was not a significant variable. In 2022, male respondents were more likely to report the Internet as their source for health information. From 2011 to 2022, there was a noted decrease in the percent of respondents across gender reporting the Internet as their source for health information.

- In 2011, respondents 18 to 34 years old were more likely to report the Internet as their source for health information. In 2022, age was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents 18 to 54 years old reporting the Internet as their source for health information.

- In 2011, respondents with at least some post high school education were more likely to report the Internet as their source for health information. In 2022, respondents with a high school education or less were more likely to report the Internet as their source for health information. From 2011 to 2022, there was a noted decrease in the percent of respondents with at least some post high school education reporting the Internet as their source for health information.

- In 2011, household income was not a significant variable. In 2022, respondents in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. From 2011 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting the Internet as their source for health information.

- In 2011 and 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents across marital status reporting the Internet as their source for health information.

2019 to 2022 Year Comparisons (Table 13)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most for health information.

- In 2019 and 2022, male respondents were more likely to report the Internet as their source for health information. From 2019 to 2022, there was a noted decrease in the percent of respondents across gender reporting the Internet as their source for health information.

- In 2019, respondents 35 to 44 years old were more likely to report the Internet as their source for health information. In 2022, age was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents 18 to 44 years old or 55 to 64 years old reporting the Internet as their source for health information.

- In 2019, education was not a significant variable. In 2022, respondents with a high school education or less were more likely to report the Internet as their source for health information. From 2019 to 2022, there was a noted decrease in the percent of respondents across education reporting the Internet as their source for health information.

- In 2019, household income was not a significant variable. In 2022, respondents in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. From 2019 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting the Internet as their source for health information.

- In 2019 and 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across marital status reporting the Internet as their source for health information.

Table 13. Internet as Source for Health Information by Demographic Variables for Each Survey Year (Q14)[①]

	2011	2014	2016	2019	2022
TOTAL[a,b]	27%	32%	25%	32%	11%
Gender[2,4,5]					
Male[a,b]	23	39	24	37	15
Female[a,b]	30	26	26	25	8
Age[1,2,3,4]					
18 to 34[a,b]	46	35	40	41	13
35 to 44[a,b]	24	63	11	49	8
45 to 54[a]	32	32	33	24	14
55 to 64[b]	18	17	23	26	12
65 and Older	6	10	7	14	7
Education[1,2,5]					
High School or Less[b]	20	17	26	37	18
Some Post High School[a,b]	30	43	26	27	8
College Graduate[a,b]	32	40	25	30	8
Household Income[2,5]					
Bottom 40 Percent Bracket[a,b]	22	21	25	38	6
Middle 20 Percent Bracket	35	22	36	40	25
Top 40 Percent Bracket[a,b]	32	43	24	29	10
Marital Status[2]					
Married[a,b]	28	40	22	31	11
Not Married[a,b]	25	22	30	31	10

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Health Information Overall

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they were/family member was in the health care field and their source of health information while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022.

Figure 7. Health Information Source (Q14)

Health Services (Figure 8; Tables 14 - 17)

KEY FINDINGS: In 2022, 92% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report a primary care physician. Fifty-eight percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 23% reported an urgent care center. Eight percent reported a Quickcare clinic/Fastcare clinic. Respondents who were 65 and older, in the top 40 percent household income bracket or married were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents who were female, 18 to 34 years old or unmarried were more likely to report an urgent care center as their primary health care. Respondents 18 to 34 years old, with a college education or in the middle 20 percent household income bracket were more likely to report a Quickcare clinic/Fastcare clinic as their primary health care.

From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician while from 2019 to 2022, there was a statistical increase. From 2011 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic/Fastcare clinic, as well as from 2019 to 2022.

Primary Care Physician

The Healthy People 2030 goal for persons with a usual primary care provider is 84% (Objective AHS-07).

In 2020, 83% of Wisconsin respondents and 77% of U.S. respondents reported they have at least one person they think of as their personal doctor or health care provider (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 14)

- Ninety-two percent of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.

- Female respondents were more likely to report a primary care physician (95%) compared to male respondents (88%).

- Ninety-nine percent of respondents 65 and older reported a primary care physician compared to 90% of those 45 to 54 years old or 81% of respondents 18 to 34 years old.

- Ninety-eight percent of respondents in the bottom 40 percent household income bracket reported a primary care physician compared to 94% of those in the top 40 percent income bracket or 81% of respondents in the middle 20 percent household income bracket.

2016 to 2022 Year Comparisons (Table 14)

- From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.

- In 2016 and 2022, female respondents were more likely to report a primary care physician.

- In 2016 and 2022, respondents 65 and older were more likely to report a primary care physician.

- In 2016, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a primary care physician. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report a primary care physician.

2019 to 2022 Year Comparisons (Table 14)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported they have a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly go to for checkups and when they are sick.

- In 2019 and 2022, female respondents were more likely to report a primary care physician.

- In 2019 and 2022, respondents 65 and older were more likely to report a primary care physician. From 2019 to 2022, there was a noted increase in the percent of respondents 35 to 44 years old reporting a primary care physician.

- In 2019, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a primary care physician. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report a primary care physician, with a noted increase since 2019.

Table 14. Have a Primary Care Physician by Demographic Variables for Each Survey Year (Q13)[①]

	2016	2019	2022
TOTAL[b]	91%	87%	92%
Gender[1,2,3]			
Male	86	82	88
Female	96	94	95
Age[1,2,3]			
18 to 34	78	72	81
35 to 44[b]	97	79	97
45 to 54	95	93	90
55 to 64	91	97	96
65 and Older	99	100	99
Education			
High School or Less	86	83	90
Some Post High School	91	87	93
College Graduate	94	90	93
Household Income[1,2,3]			
Bottom 40 Percent Bracket[b]	97	88	98
Middle 20 Percent Bracket	77	71	81
Top 40 Percent Bracket	97	88	94
Marital Status			
Married	92	87	92
Not Married	89	87	93

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[3]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2016 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Primary Health Care Services

2022 Findings

- Fifty-eight percent of respondents reported they go to a doctor's or nurse practitioner's office when they are sick. Twenty-three percent reported urgent care center while 8% reported Quickcare clinic/Fastcare clinic. Three percent reported virtual health/tele-medicine or electronic visit. Six percent reported no usual place.

Doctor's or Nurse Practitioner's Office as Primary Health Care Service

2022 Findings (Table 15)

- Fifty-eight percent of respondents reported they go to doctor's or nurse practitioner's office when they are sick.

- Eighty-eight percent of respondents 65 and older reported a doctor's or nurse practitioner's office compared to 42% of those 35 to 44 years old or 22% of respondents 18 to 34 years old.

- Sixty-four percent of respondents in the top 40 percent household income bracket reported a doctor's or nurse practitioner's office compared to 60% of those in the bottom 40 percent income bracket or 46% of respondents in the middle 20 percent household income bracket.

- Married respondents were more likely to report a doctor's or nurse practitioner's office compared to unmarried respondents (68% and 42%, respectively).

2011 to 2022 Year Comparisons (Table 15)

- From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place when they are sick was a doctor's or nurse practitioner's office.

- In 2011, female respondents were more likely to report a doctor's or nurse practitioner's office. In 2022, gender was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents across gender reporting a doctor's or nurse practitioner's office.

- In 2011 and 2022, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2011 to 2022, there was a noted decrease in the percent of respondents 18 to 44 years old reporting a doctor's or nurse practitioner's office.

- In 2011 and 2022, education was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents across education reporting a doctor's or nurse practitioner's office.

- In 2011, respondents in the middle 20 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. In 2022, respondents in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. From 2011 to 2022, there was a noted decrease in the percent of respondents across household income reporting a doctor's or nurse practitioner's office.

- In 2011, marital status was not a significant variable. In 2022, married respondents were more likely to report a doctor's or nurse practitioner's office. From 2011 to 2022, there was a noted decrease in the percent of respondents across marital status reporting a doctor's or nurse practitioner's office.

2019 to 2022 Year Comparisons (Table 15)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place when they are sick was a doctor's or nurse practitioner's office.

- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents across gender reporting a doctor's or nurse practitioner's office.

- In 2019 and 2022, respondents 65 and older were more likely to report a doctor's or nurse practitioner's office. From 2019 to 2022, there was a noted decrease in the percent of respondents 18 to 44 years old or 55 to 64 years old reporting a doctor's or nurse practitioner's office.

- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents with at least some post high school education reporting a doctor's or nurse practitioner's office.

- In 2019, household income was not a significant variable. In 2022, respondents in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office. From 2019 to 2022, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting a doctor's or nurse practitioner's office.

- In 2019, unmarried respondents were more likely to report a doctor's or nurse practitioner's office. In 2022, married respondents were more likely to report a doctor's or nurse practitioner's office. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting a doctor's or nurse practitioner's office.

Table 15. Doctor's or Nurse Practitioner's Office as Primary Health Care Service by Demographic Variables for Each Survey Year (Q15)[①]

	2011	2014	2016	2019	2022
TOTAL[a,b]	81%	84%	84%	74%	58%
Gender[1,3]					
Male[a,b]	74	81	79	73	63
Female[a,b]	88	86	88	78	59
Age[2,3,4,5]					
18 to 34[a,b]	77	73	63	62	22
35 to 44[a,b]	82	84	88	64	42
45 to 54	78	88	94	75	70
55 to 64[b]	84	88	87	86	73
65 and Older	87	89	93	89	88
Education					
High School or Less[a]	84	84	85	70	65
Some Post High School[a,b]	79	83	80	76	61
College Graduate[a,b]	80	84	85	76	53
Household Income[1,5]					
Bottom 40 Percent Bracket[a]	76	78	82	70	60
Middle 20 Percent Bracket[a,b]	92	84	84	63	46
Top 40 Percent Bracket[a,b]	88	89	84	78	64
Marital Status[2,4,5]					
Married[a]	84	91	86	68	68
Not Married[a,b]	77	75	81	82	42

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
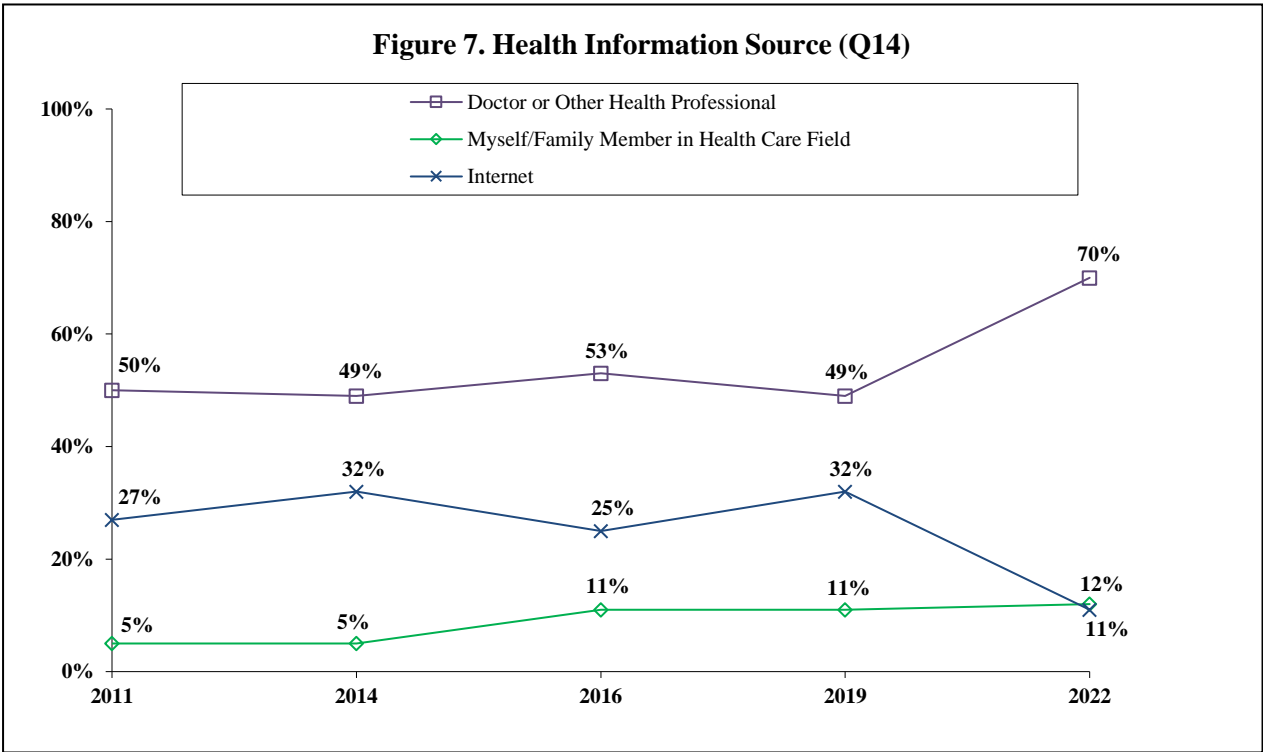[1]<u>demographic</u> difference at p≤0.05 in 2011; [2]<u>demographic</u> difference at p≤0.05 in 2014; [3]<u>demographic</u> difference at p≤0.05 in 2016; [4]<u>demographic</u> difference at p≤0.05 in 2019; [5]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2011 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Urgent Care Center as Primary Health Care Service

<u>2022 Findings (Table 16)</u>

- Twenty-three percent of respondents reported they go to an urgent care center when they are sick.

- Female respondents were more likely to report an urgent care center (26%) compared to male respondents (14%).

- Fifty-four percent of respondents 18 to 34 years old reported an urgent care center compared to 6% of those 65 and older or 5% of respondents 45 to 54 years old.

- Unmarried respondents were more likely to report an urgent care center compared to married respondents (39% and 13%, respectively).

2011 to 2022 Year Comparisons (Table 16)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place when they are sick was an urgent care center.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their primary place when they are sick was an urgent care center in 2011.

2019 to 2022 Year Comparisons (Table 16)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place when they are sick was an urgent care center.

- In 2019, gender was not a significant variable. In 2022, female respondents were more likely to report an urgent care center, with a noted increase since 2019.

- In 2019, respondents 35 to 44 years old were more likely to report an urgent care center. In 2022, respondents 18 to 34 years old were more likely to report an urgent care center, with a noted increase since 2019.

- In 2019, respondents with at least some post high school education were more likely to report an urgent care center. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with a high school education or less or with a college education reporting an urgent care center.

- In 2019 and 2022, household income was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting an urgent care center.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report an urgent care center, with a noted increase since 2019.

Table 16. Urgent Care Center as Primary Health Care Service by Demographic Variables for Each Survey Year (Q15)[①]

	2011[②]	2014	2016	2019	2022
TOTAL[a,b]	1%	4%	4%	9%	23%
Gender[2,5]					
Male	--	2	4	10	14
Female[b]	--	6	5	9	26
Age[4,5]					
18 to 34[b]	--	5	6	8	54
35 to 44	--	3	3	21	27
45 to 54	--	2	3	10	5
55 to 64	--	7	7	6	14
65 and Older	--	1	1	3	6
Education[3,4]					
High School or Less[b]	--	3	3	4	25
Some Post High School	--	3	9	12	21
College Graduate[b]	--	6	2	12	23
Household Income					
Bottom 40 Percent Bracket[b]	--	4	6	8	29
Middle 20 Percent Bracket	--	5	3	11	23
Top 40 Percent Bracket[b]	--	3	6	9	16
Marital Status[5]					
Married	--	4	3	11	13
Not Married[b]	--	3	6	7	39

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Quickcare Clinic/Fastcare Clinic as Primary Health Care Service

2022 Findings (Table 17)

- Eight percent of respondents reported they go to a Quickcare clinic/Fastcare clinic when they are sick.

- Fourteen percent of respondents 18 to 34 years old reported a Quickcare clinic/Fastcare clinic compared to 5% of those 55 to 64 years old or 1% of respondents 65 and older.

- Twelve percent of respondents with a college education reported a Quickcare clinic/Fastcare clinic compared to 8% of those with a high school education or less or less than one percent of respondents with some post high school education.

- Twenty-two percent of respondents in the middle 20 percent household income bracket reported a Quickcare clinic/Fastcare clinic compared to 6% of those in the top 40 percent income bracket or 1% of respondents in the bottom 40 percent household income bracket.

2016 to 2022 Year Comparisons (Table 17)

- From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place when they are sick was a Quickcare clinic/Fastcare clinic.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their primary place when they are sick was a Quickcare clinic/Fastcare clinic in 2016.

2019 to 2022 Year Comparisons (Table 17)

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place when they are sick was a Quickcare clinic/Fastcare clinic.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported their primary place when they are sick was a Quickcare clinic/Fastcare clinic in 2019.

Table 17. Quickcare Clinic/Fastcare Clinic as Primary Health Care Service by Demographic Variables for Each Survey Year (Q15)[①]

	2016[②]	2019[②]	2022
TOTAL[a,b]	2%	3%	8%
Gender			
Male	--	--	8
Female	--	--	8
Age[3]			
18 to 34	--	--	14
35 to 44	--	--	9
45 to 54	--	--	8
55 to 64	--	--	5
65 and Older	--	--	1
Education[3]			
High School or Less	--	--	8
Some Post High School	--	--	<1
College Graduate	--	--	12
Household Income[3]			
Bottom 40 Percent Bracket	--	--	1
Middle 20 Percent Bracket	--	--	22
Top 40 Percent Bracket	--	--	6
Marital Status			
Married	--	--	7
Not Married	--	--	9

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2016; [2]demographic difference at p≤0.05 in 2019
[3]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2016 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Health Services Overall

- From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician while from 2019 to 2022, there was a statistical increase. From 2011 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic/Fastcare clinic, as well as from 2019 to 2022.

Figure 8. Health Services (Q13 & Q15)

Top Health Conditions or Behaviors That Family Faces (Figure 9; Tables 18 - 24)

KEY FINDINGS: In 2022, respondents were asked to list the top two health conditions or behaviors that they and their family face at this time. The most often cited were chronic diseases (48%) or mental health, mental conditions and suicide (14%). Respondents without children in the household were more likely to report chronic diseases as a top health condition or behavior. Respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report mental health, mental conditions and suicide. Six percent of respondents reported chronic pain, bad back, knee replacement and arthritis. Five percent of respondents reported nutrition, physical activity and obesity as a top health condition or behavior; married respondents were more likely to report this. Five percent of respondents reported communicable diseases or COVID-19; respondents in the middle 20 percent household income bracket or with children in the household were more likely to report this. Four percent of respondents reported aging population as a top health condition or behavior; respondents without children in the household were more likely to report this. Four percent of respondents reported unintentional injury, including falls and motor vehicle accidents; married respondents were more likely to report this.

2022 Findings

- Respondents were asked to list the two largest health conditions or behaviors that their family faces at this time. Respondents were more likely to report chronic diseases (48%) or mental health, mental conditions and suicide (14%). Four percent were not sure while 24% did not answer.

Figure 9. Top Health Conditions or Behaviors that Family Faces for 2022 (Q16)
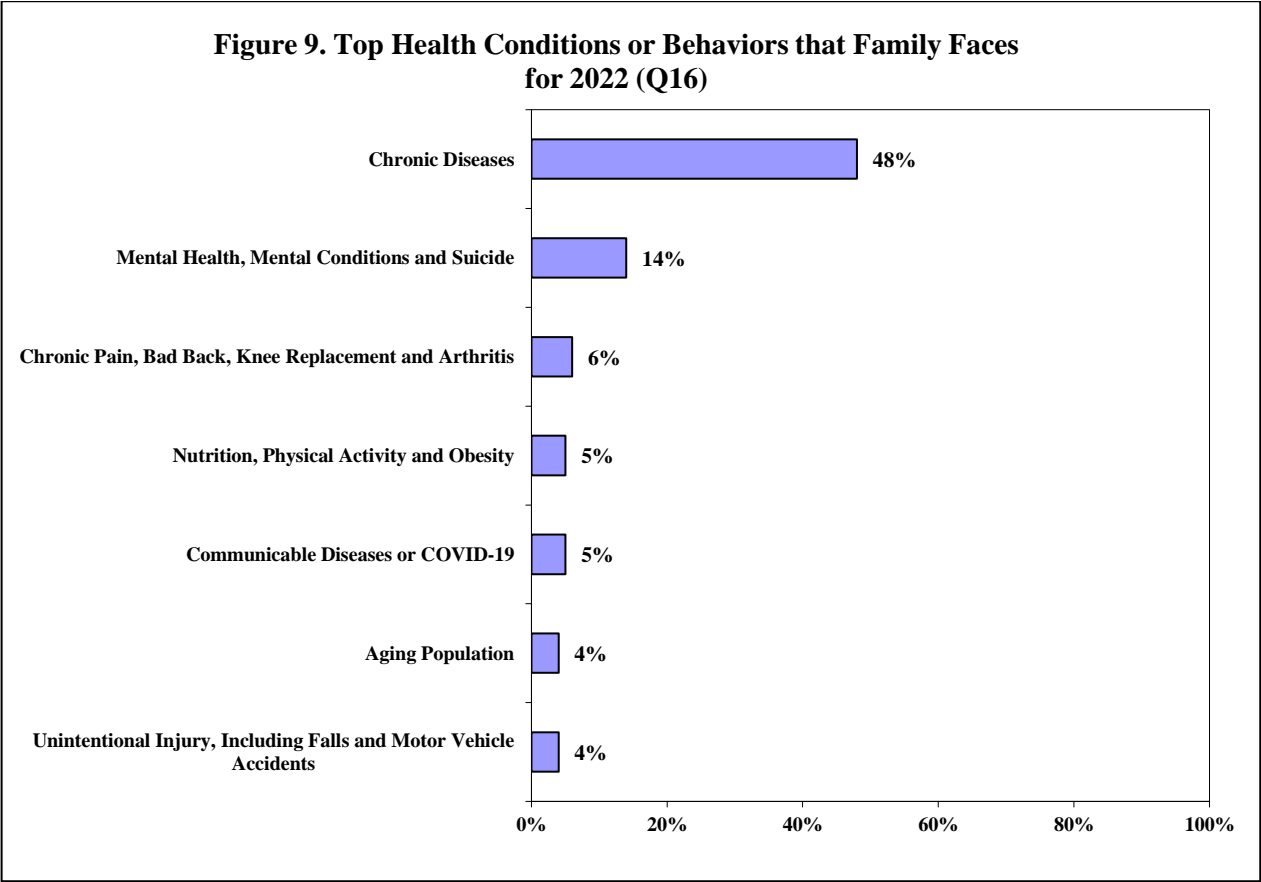
Chronic Diseases as a Top Health Condition or Behavior

2022 Findings (Table 18)

- Forty-eight percent of respondents reported chronic diseases as one of the top two health conditions or behaviors that they and their family face at this time.

- Fifty-six percent of respondents without children in the household reported chronic diseases as one of the top health conditions or behaviors compared to 29% of respondents with children in the household.

Table 18. Chronic Diseases as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[①]

	2022
TOTAL	48%
Household Income	
Bottom 40 Percent Bracket	59
Middle 20 Percent Bracket	44
Top 40 Percent Bracket	53
Marital Status	
Married	48
Not Married	46
Children in Household[1]	
Yes	29
No	56

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Mental Health, Mental Conditions and Suicide as a Top Health Condition or Behavior

2022 Findings (Table 19)

- Fourteen percent of respondents reported mental health, mental conditions and suicide as one of the top two health conditions or behaviors that they and their family face at this time.

- Forty-four percent of respondents in the bottom 40 percent household income bracket reported mental health, mental conditions and suicide as one of the top health conditions or behaviors compared to 10% of those in the middle 20 percent income bracket or 6% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report mental health, mental conditions and suicide as a top health condition or behavior compared to married respondents (28% and 6%, respectively).

Table 19. Mental Health, Mental Conditions and Suicide as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[①]

	2022
TOTAL	14%
Household Income[1]	
Bottom 40 Percent Bracket	44
Middle 20 Percent Bracket	10
Top 40 Percent Bracket	6
Marital Status[1]	
Married	6
Not Married	28
Children in Household	
Yes	13
No	15

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Chronic Pain, Bad Back, Knee Replacement and Arthritis as a Top Health Condition or Behavior

2022 Findings (Table 20)

- Six percent of respondents reported chronic pain, bad back, knee replacement and arthritis as one of the top two health conditions or behaviors that they and their family face at this time.

- There were no statistically significant differences between demographic variables and responses of chronic pain, bad back, knee replacement and arthritis as one of the top two health conditions or behaviors that they and their family face at this time.

Table 20. Chronic Pain, Bad Back, Knee Replacement and Arthritis as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[①]

	2022
TOTAL	6%
Household Income	
Bottom 40 Percent Bracket	7
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	9
Marital Status	
Married	8
Not Married	4
Children in Household	
Yes	6
No	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Nutrition, Physical Activity and Obesity as a Top Health Condition or Behavior

2022 Findings (Table 21)

- Five percent of respondents reported nutrition, physical activity and obesity as one of the top two health conditions or behaviors that they and their family face at this time.

- Married respondents were more likely to report nutrition, physical activity and obesity as one of the top health conditions or behaviors compared to unmarried respondents (7% and 2%, respectively).

Table 21. Nutrition, Physical Activity and Obesity as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[①]

	2022
TOTAL	5%
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	8
Top 40 Percent Bracket	6
Marital Status[1]	
Married	7
Not Married	2
Children in Household	
Yes	3
No	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2022

Communicable Diseases or COVID-19 as a Top Health Condition or Behavior

2022 Findings (Table 22)

- Five percent of respondents reported communicable diseases or COVID-19 as one of the top two health conditions or behaviors that they and their family face at this time.

- Twelve percent of respondents in the middle 20 percent household income bracket reported communicable diseases or COVID-19 as one of the top health conditions or behaviors compared to 6% of those in the top 40 percent income bracket or 1% of respondents in the bottom 40 percent household income bracket.

- Nine percent of respondents with children in the household reported communicable diseases or COVID-19 as a top health condition or behavior compared to 3% of respondents without children in the household.

Table 22. Communicable Diseases or COVID-19 as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[①]

	2022
TOTAL	5%
Household Income[1]	
Bottom 40 Percent Bracket	1
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	6
Marital Status	
Married	4
Not Married	7
Children in Household[1]	
Yes	9
No	3

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2022

Aging Population as a Top Health Condition or Behavior

2022 Findings (Table 23)

- Four percent of respondents reported aging population as one of the top two health conditions or behaviors that they and their family face at this time.

- Six percent of respondents without children in the household reported aging population as one of the top health conditions or behaviors compared to 0% of respondents with children in the household.

Table 23. Aging Population as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[①]

	2022
TOTAL	4%
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	5
Top 40 Percent Bracket	2
Marital Status	
Married	4
Not Married	3
Children in Household[1]	
Yes	0
No	6

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2022

Unintentional Injury, Including Falls and Motor Vehicle Accidents as a Top Health Condition or Behavior

<u>2022 Findings (Table 24)</u>

- Four percent of respondents reported unintentional injury, including falls and motor vehicle accidents as one of the top two health conditions or behaviors that they and their family face at this time.

- Married respondents were more likely to report unintentional injury, including falls and motor vehicle accidents as one of the top health conditions or behaviors compared to unmarried respondents (6% and 1%, respectively).

Table 24. Unintentional Injury, Including Falls and Motor Vehicle Accidents as a Top Health Condition or Behavior for Family by Demographic Variables for 2022 (Q16)[1]

	2022
TOTAL	4%
Household Income	
Bottom 40 Percent Bracket	2
Middle 20 Percent Bracket	0
Top 40 Percent Bracket	4
Marital Status[1]	
Married	6
Not Married	1
Children in Household	
Yes	5
No	4

[1]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at p≤0.05 in 2022

Prevalence of Select Health Conditions (Figures 10 & 11; Tables 25 - 30)

Respondents were asked a series of questions regarding if they were diagnosed with, or treated for, certain health conditions in the past three years. Current diagnosis of asthma was asked.

KEY FINDINGS: In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (35%), high blood cholesterol (23%) or a mental health condition (20%). Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report high blood pressure. Respondents who were 55 to 64 years old, overweight or nonsmokers were more likely to report high blood cholesterol. Respondents who were female, 18 to 34 years old, with a high school education or less, with a college education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a mental health condition. Eleven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents who were male, 65 and older, with some post high school education or in the bottom 40 percent household income bracket were more likely to report heart disease/condition. Eleven percent of respondents reported diabetes; respondents who were male, 65 and older, overweight or nonsmokers were more likely to report this. Six percent reported current asthma; respondents who were female, 45 to 54 years old, 65 and older or married were more likely to report this. Of respondents who reported these health conditions, at least 80% reported they were regularly seeing a doctor, nurse or other health care provider for their health condition.

From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported high blood pressure, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, heart disease condition, diabetes or current asthma, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2019 to 2022, there was no statistical change.

2022 Findings

- Respondents were more likely to report high blood pressure (35%), high blood cholesterol (23%) or a mental health condition (20%) in the past three years out of six health conditions listed.

Figure 10. Health Conditions in Past Three Years for 2022
(Q19, Q22, Q25, Q28, Q31 & Q34)
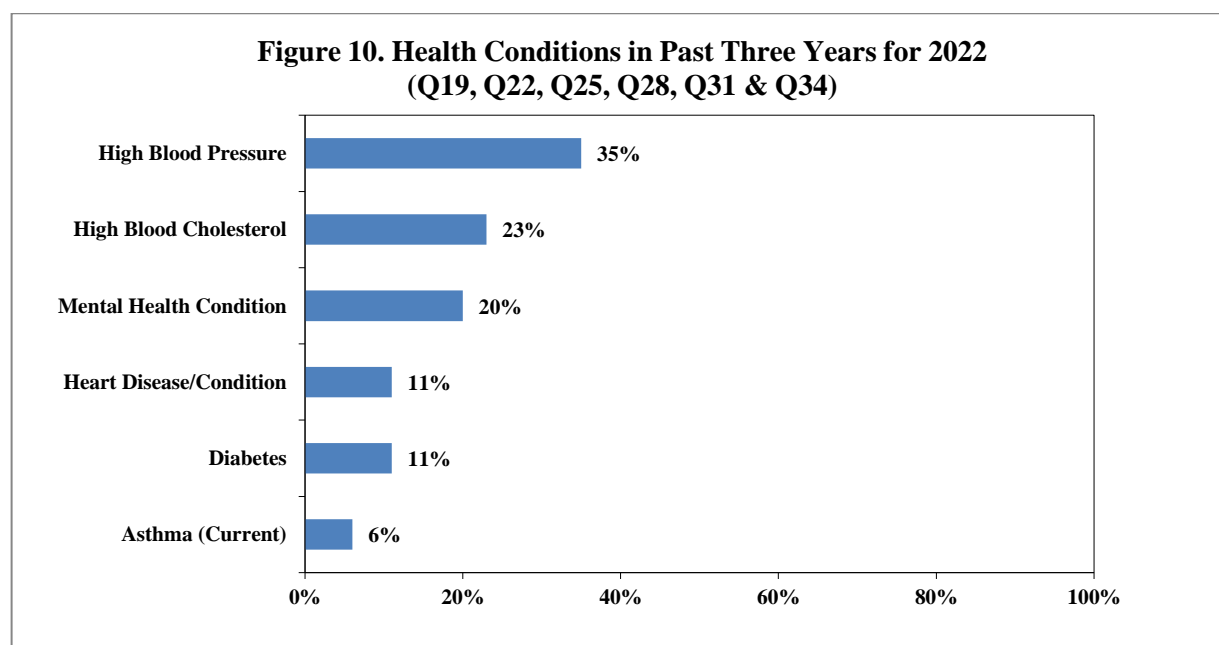
High Blood Pressure

<u>2022 Findings (Table 25)</u>

- Thirty-five percent of respondents reported high blood pressure in the past three years.

- Respondents 65 and older were more likely to report high blood pressure in the past three years (57%) compared to those 45 to 54 years old (27%) or respondents 35 to 44 years old (17%).

- Forty-eight percent of respondents with a high school education or less reported high blood pressure compared to 38% of those with some post high school education or 25% of respondents with a college education.

- Seventy-one percent of respondents in the bottom 40 percent household income bracket reported high blood pressure compared to 28% of those in the top 40 percent income bracket or 26% of respondents in the middle 20 percent household income bracket.

- Overweight respondents were more likely to report high blood pressure (42%) compared to respondents who were not overweight (20%).

- Smokers were more likely to report high blood pressure (64%) compared to nonsmokers (29%).

  o Of the 138 respondents who reported high blood pressure, 96% were regularly seeing a doctor, nurse or other health care provider for their high blood pressure.

  Of the 4% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their high blood pressure (n=5)…

  o Of the 5 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their high blood pressure, 2 respondents reported fear as the reason.

<u>2011 to 2022 Year Comparisons (Table 25)</u>

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported high blood pressure in the past three years.

- In 2011 and 2022, gender was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of female respondents reporting high blood pressure.

- In 2011 and 2022, respondents 65 and older were more likely to report high blood pressure. From 2011 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old and a noted <u>decrease</u> in the percent of respondents 55 to 64 years old reporting high blood pressure.

- In 2011, education was not a significant variable. In 2022, respondents with a high school education or less were more likely to report high blood pressure, with a noted increase since 2011.

- In 2011, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure, with a noted increase since 2011.

- In 2011 and 2022, overweight respondents were more likely to report high blood pressure. From 2011 to 2022, there was a noted increase in the percent of overweight respondents reporting high blood pressure.

- In 2011, nonsmokers were more likely to report high blood pressure. In 2022, smokers were more likely to report high blood pressure, with a noted increase since 2011.

<u>2019 to 2022 Year Comparisons (Table 25)</u>

- From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported high blood pressure in the past three years.

- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of female respondents reporting high blood pressure.

- In 2019 and 2022, respondents 65 and older were more likely to report high blood pressure. From 2019 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old reporting high blood pressure.

- In 2019 and 2022, respondents with a high school education or less were more likely to report high blood pressure. From 2019 to 2022, there was a noted increase in the percent of respondents with some post high school education or less reporting high blood pressure.

- In 2019 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report high blood pressure. From 2019 to 2022, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting high blood pressure.

- In 2019 and 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of married respondents reporting high blood pressure.

- In 2019 and 2022, overweight respondents were more likely to report high blood pressure. From 2019 to 2022, there was a noted increase in the percent of overweight respondents reporting high blood pressure.

- In 2019, smoking status was not a significant variable. In 2022, smokers were more likely to report high blood pressure, with a noted increase since 2019.

Table 25. High Blood Pressure in Past Three Years by Demographic Variables for Each Survey Year (Q19)[①]

	2011	2014	2016	2019	2022
TOTAL[a,b]	28%	27%	26%	24%	35%
Gender					
Male	30	30	27	29	34
Female[a,b]	24	24	25	21	38
Age[1,2,3,4,5]					
18 to 34[a,b]	4	13	1	4	33
35 to 44	8	9	15	14	17
45 to 54	21	30	30	15	27
55 to 64[a]	51	41	34	40	30
65 and Older	65	51	59	60	57
Education[4,5]					
High School or Less[a,b]	29	31	30	31	48
Some Post High School[b]	27	31	31	26	38
College Graduate	25	20	21	18	25
Household Income[3,4,5]					
Bottom 40 Percent Bracket[a,b]	33	35	39	30	71
Middle 20 Percent Bracket	28	24	17	23	26
Top 40 Percent Bracket[b]	21	22	23	16	28
Marital Status					
Married[b]	27	28	27	21	33
Not Married	28	26	24	29	37
Overweight Status[1,2,3,4,5]					
Not Overweight	15	14	16	12	20
Overweight[a,b]	33	34	30	29	42
Smoking Status[1,3,5]					
Nonsmoker	30	29	29	26	29
Smoker[a,b]	16	23	11	16	64

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

High Blood Cholesterol

2022 Findings (Table 26)

- Twenty-three percent of respondents reported high blood cholesterol in the past three years.

- Forty-two percent of respondents 55 to 64 years old reported high blood cholesterol in the past three years compared to 12% of those 35 to 44 years old or 5% of respondents 18 to 34 years old.

- Overweight respondents were more likely to report high blood cholesterol (29%) compared to respondents who were not overweight (11%).

- Nonsmokers were more likely to report high blood cholesterol (26%) compared to smokers (10%).

  o Of the 93 respondents who reported high blood cholesterol, 91% were regularly seeing a doctor, nurse or other health care provider for their high blood cholesterol.

Of the 9% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their high blood cholesterol (n=8)…

  o Of the 8 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their high blood cholesterol, 6 respondents reported not bad enough to see the doctor as the reason.

2011 to 2022 Year Comparisons (Table 26)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol in the past three years.

- In 2011, respondents 65 and older were more likely to report high blood cholesterol. In 2022, respondents 55 to 64 years old were more likely to report high blood cholesterol.

- In 2011, overweight status was not a significant variable. In 2022, overweight respondents were more likely to report high blood cholesterol.

- In 2011, smoking status was not a significant variable. In 2022, nonsmokers were more likely to report high blood cholesterol.

2019 to 2022 Year Comparisons (Table 26)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol in the past three years.

- In 2019 and 2022, respondents 55 to 64 years old were more likely to report high blood cholesterol.

- In 2019 and 2022, overweight respondents were more likely to report high blood cholesterol.

- In 2019 and 2022, nonsmokers were more likely to report high blood cholesterol.

Table 26. High Blood Cholesterol in Past Three Years by Demographic Variables for Each Survey Year (Q22)[①]

	2011	2014	2016	2019	2022
TOTAL	21%	23%	21%	21%	23%
Gender					
Male	19	24	21	23	27
Female	22	21	21	19	22
Age[1,2,3,4,5]					
18 to 34	9	1	5	2	5
35 to 44	11	7	9	18	12
45 to 54	14	35	27	17	19
55 to 64	34	30	31	43	42
65 and Older	40	45	37	33	37
Education[2]					
High School or Less	17	30	18	21	21
Some Post High School	23	21	25	16	25
College Graduate	24	15	20	24	24
Household Income[2]					
Bottom 40 Percent Bracket	21	27	27	18	27
Middle 20 Percent Bracket	26	35	25	15	24
Top 40 Percent Bracket	20	15	18	24	25
Marital Status[2,3]					
Married	23	18	25	22	26
Not Married	17	28	15	19	18
Overweight Status[2,3,4,5]					
Not Overweight	18	8	7	10	11
Overweight	23	30	27	26	29
Smoking Status[4,5]					
Nonsmoker	22	23	20	23	26
Smoker	13	23	25	8	10

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Mental Health Condition

2022 Findings (Table 27)

- Twenty percent of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years.

- Female respondents were more likely to report a mental health condition in the past three years (29%) compared to male respondents (13%).

- Thirty-four percent of respondents 18 to 34 years old reported a mental health condition compared to 12% of those 55 to 64 years old or 11% of respondents 65 and older.

- Twenty-four percent of respondents with a high school education or less or with a college education reported a mental health condition compared to 10% of respondents with some post high school education.

- Forty-nine percent of respondents in the bottom 40 percent household income bracket reported a mental health condition compared to 15% of respondents in the top 60 percent household income bracket.

- Unmarried respondents were more likely to report a mental health condition compared to married respondents (28% and 16%, respectively).

  o Of the 80 respondents who reported a mental health condition, 80% were regularly seeing a doctor, nurse or other health care provider for their mental health condition.

  Of the 20% of respondents who reported they were not regularly seeing a doctor, nurse or other health care provider for their mental health condition (n=16)…

  o Of the 16 respondents who reported not regularly seeing a doctor, nurse or other health care provider for their mental health condition, 7 respondents each reported lazy or cannot find a good provider as the reason.

2011 to 2022 Year Comparisons (Table 27)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition in the past three years.

- In 2011 and 2022, female respondents were more likely to report a mental health condition. From 2011 to 2022, there was a noted increase in the percent of respondents across gender reporting a mental health condition.

- In 2011, age was not a significant variable. In 2022, respondents 18 to 34 years old were more likely to report a mental health condition. From 2011 to 2022, there was a noted increase in the percent of respondents 18 to 54 years old reporting a mental health condition.

- In 2011, education was not a significant variable. In 2022, respondents with a high school education or less or with a college education were more likely to report a mental health condition, with a noted increase since 2011.

- In 2011, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition, with a noted increase since 2011. From 2011 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting a mental health condition.

- In 2011, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report a mental health condition. From 2011 to 2022, there was a noted increase in the percent of respondents across marital status reporting a mental health condition.

2019 to 2022 Year Comparisons (Table 27)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported a mental health condition in the past three years.

- In 2019 and 2022, female respondents were more likely to report a mental health condition.

- In 2019, age was not a significant variable. In 2022, respondents 18 to 34 years old were more likely to report a mental health condition.

- In 2019, respondents with some post high school education were more likely to report a mental health condition. In 2022, respondents with a high school education or less or with a college education were more likely to report a mental health condition. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with some post high school education reporting a mental health condition.

- In 2019 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report a mental health condition.

Table 27. Mental Health Condition in Past Three Years by Demographic Variables for Each Survey Year (Q28)[①]

	2011	2014	2016	2019	2022
TOTAL[a]	8%	18%	16%	21%	20%
Gender[1,2,4,5]					
Male[a]	5	9	13	13	13
Female[a]	10	26	19	27	29
Age[2,5]					
18 to 34[a]	12	22	19	27	34
35 to 44[a]	8	16	23	17	24
45 to 54[a]	4	26	15	26	19
55 to 64	6	13	15	13	12
65 and Older	6	7	6	17	11
Education[4,5]					
High School or Less[a]	10	17	10	15	24
Some Post High School[b]	8	18	14	31	10
College Graduate[a]	4	18	20	18	24
Household Income[2,4,5]					
Bottom 40 Percent Bracket[a]	10	28	19	38	49
Middle 20 Percent Bracket	9	14	13	14	15
Top 40 Percent Bracket[a]	4	11	17	14	15
Marital Status[3,5]					
Married[a]	6	15	12	18	16
Not Married[a]	10	21	22	25	28

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at p≤0.05 in 2011; [2]<u>demographic</u> difference at p≤0.05 in 2014; [3]<u>demographic</u> difference at p≤0.05 in 2016; [4]<u>demographic</u> difference at p≤0.05 in 2019; [5]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2011 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Heart Disease/Condition

2022 Findings (Table 28)

- Eleven percent of respondents reported heart disease or condition in the past three years.

- Male respondents were more likely to report heart disease/condition in the past three years (16%) compared to female respondents (7%).

- Twenty-nine percent of respondents 65 and older reported heart disease/condition compared to 6% of those 45 to 54 years old or 0% of respondents 35 to 44 years old.

- Respondents with some post high school education were more likely to report heart disease/condition (20%) compared to those with a high school education or less (11%) or respondents with a college education (6%).

- Twenty percent of respondents in the bottom 40 percent household income bracket reported heart disease/condition compared to 12% of those in the top 40 percent income bracket or 6% of respondents in the middle 20 percent household income bracket.

  o Of the 45 respondents who reported heart disease/condition, 96% were regularly seeing a doctor, nurse or other health care provider for their heart disease/condition.

2011 to 2022 Year Comparisons (Table 28)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported heart disease/condition in the past three years.

- In 2011, gender was not a significant variable. In 2022, male respondents were more likely to report heart disease/condition, with a noted increase since 2011.

- In 2011 and 2022, respondents 65 and older were more likely to report heart disease/condition. From 2011 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old reporting heart disease/condition.

- In 2011, education was not a significant variable. In 2022, respondents with some post high school education were more likely to report heart disease/condition, with a noted increase since 2011.

- In 2011 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. From 2011 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting heart disease/condition.

2019 to 2022 Year Comparisons (Table 28)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported heart disease/condition in the past three years.

- In 2019 and 2022, male respondents were more likely to report heart disease/condition.

- In 2019 and 2022, respondents 65 and older were more likely to report heart disease/condition. From 2019 to 2022, there was a noted increase in the percent of respondents 18 to 34 years old and a noted decrease in the percent of respondents 35 to 44 years old reporting heart disease/condition.

- In 2019, respondents with a high school education or less were more likely to report heart disease/condition. In 2022, respondents with some post high school education were more likely to report heart disease/condition.

- In 2019 and 2022, respondents in the bottom 40 percent household income bracket were more likely to report heart disease/condition. From 2019 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting heart disease/condition.

- In 2019, overweight respondents were more likely to report heart disease/condition. In 2022, overweight status was not a significant variable.

- In 2019, nonsmokers were more likely to report heart disease/condition. In 2022, smoking status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of smokers reporting heart disease/condition.

Table 28. Heart Disease/Condition in Past Three Years by Demographic Variables for Each Survey Year (Q25)[①]

	2011	2014	2016	2019	2022
TOTAL	8%	6%	8%	11%	11%
Gender[4,5]					
Male[a]	9	8	9	15	16
Female	8	4	8	8	7
Age[1,2,3,4,5]					
18 to 34[a,b]	1	5	1	0	8
35 to 44[b]	3	0	0	7	0
45 to 54	3	1	2	7	6
55 to 64	10	4	19	12	9
65 and Older	29	23	23	36	29
Education[3,4,5]					
High School or Less	11	6	13	16	11
Some Post High School[a]	6	9	15	12	20
College Graduate	6	3	2	6	6
Household Income[1,2,3,4,5]					
Bottom 40 Percent Bracket	14	10	21	18	20
Middle 20 Percent Bracket	6	9	3	14	6
Top 40 Percent Bracket[a,b]	<1	2	4	3	12
Marital Status					
Married	8	6	6	10	12
Not Married	9	6	11	13	10
Overweight Status[3,4]					
Not Overweight	8	5	4	6	13
Overweight	9	6	10	14	11
Smoking Status[4]					
Nonsmoker	9	7	9	13	11
Smoker[b]	6	3	8	3	17

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2011; [2]demographic difference at $p \leq 0.05$ in 2014; [3]demographic difference at $p \leq 0.05$ in 2016; [4]demographic difference at $p \leq 0.05$ in 2019; [5]demographic difference at $p \leq 0.05$ in 2022
[a]year difference at $p \leq 0.05$ from 2011 to 2022; [b]year difference at $p \leq 0.05$ from 2019 to 2022

Diabetes

<u>2022 Findings (Table 29)</u>

- Eleven percent of respondents reported diabetes in the past three years.

- Male respondents were more likely to report diabetes in the past three years (15%) compared to female respondents (7%).

- Twenty-one percent of respondents 65 and older reported diabetes compared to 7% of those 35 to 44 years old or 0% of respondents 18 to 34 years old.

- Overweight respondents were more likely to report diabetes (14%) compared to respondents who were not overweight (3%).

- Nonsmokers were more likely to report diabetes (12%) compared to smokers (2%).

  o Of the 42 respondents who reported diabetes, 100% were regularly seeing a doctor, nurse or other health care provider for their diabetes.

<u>2011 to 2022 Year Comparisons (Table 29)</u>

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported diabetes in the past three years.

- In 2011, gender was not a significant variable. In 2022, male respondents were more likely to report diabetes.

- In 2011 and 2022, respondents 65 and older were more likely to report diabetes. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old and a noted increase in the percent of respondents 45 to 54 years old reporting diabetes.

- In 2011, respondents with a high school education or less were more likely to report diabetes. In 2022, education was not a significant variable.

- In 2011, respondents in the bottom 40 percent household income bracket were more likely to report diabetes. In 2022, household income was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting diabetes.

- In 2011 and 2022, overweight respondents were more likely to report diabetes. From 2011 to 2022, there was a noted increase in the percent of overweight respondents reporting diabetes.

- In 2011, smokers were more likely to report diabetes. In 2022, nonsmokers were more likely to report diabetes, with a noted increase since 2011. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of smokers reporting diabetes.

<u>2019 to 2022 Year Comparisons (Table 29)</u>

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported diabetes in the past three years.

- In 2019, gender was not a significant variable. In 2022, male respondents were more likely to report diabetes, with a noted increase since 2019.

- In 2019, respondents 55 to 64 years old were more likely to report diabetes. In 2022, respondents 65 and older were more likely to report diabetes. From 2019 to 2022, there was a noted increase in the percent of respondents 45 to 54 years old reporting diabetes.

- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with some post high school education reporting diabetes.

- In 2019, overweight status was not a significant variable. In 2022, overweight respondents were more likely to report diabetes.

- In 2019, smoking status was not a significant variable. In 2022, nonsmokers were more likely to report diabetes.

Table 29. Diabetes in Past Three Years by Demographic Variables for Each Survey Year (Q31)[①]

	2011	2014	2016	2019	2022
TOTAL	9%	7%	13%	10%	11%
Gender[3,5]					
Male[b]	10	8	17	7	15
Female	7	6	8	12	7
Age[1,2,3,4,5]					
18 to 34[a]	4	1	4	2	0
35 to 44	12	0	7	10	7
45 to 54[a,b]	4	8	13	4	17
55 to 64	9	10	22	21	10
65 and Older	17	17	20	17	21
Education[1]					
High School or Less	13	5	13	13	12
Some Post High School[b]	8	9	16	5	13
College Graduate	4	7	10	12	8
Household Income[1,3]					
Bottom 40 Percent Bracket	18	10	22	10	15
Middle 20 Percent Bracket	9	3	15	5	6
Top 40 Percent Bracket[a]	3	8	7	12	12
Marital Status					
Married	9	7	11	11	11
Not Married	9	7	15	7	9
Overweight Status[1,2,3,5]					
Not Overweight	2	2	4	7	3
Overweight[a]	9	9	16	11	14
Smoking Status[1,5]					
Nonsmoker[a]	7	8	12	11	12
Smoker[a]	18	4	15	5	2

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Current Asthma

In 2020, 10% of Wisconsin respondents and 10% of U.S. respondents reported they were told they currently have asthma (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 30)

- Six percent of respondents reported they currently have asthma.

- Female respondents were more likely to report current asthma (9%) compared to male respondents (4%).

- Eleven percent of respondents 45 to 54 years old and 10% of those 65 and older reported current asthma compared to 0% of respondents 18 to 34 years old.

- Eight percent of married respondents reported current asthma compared to 3% of unmarried respondents.

  o Of the 25 respondents who reported current asthma, 84% were regularly seeing a doctor, nurse or other health care provider for their current asthma.

2011 to 2022 Year Comparisons (Table 30)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported current asthma.

- In 2011 and 2022, female respondents were more likely to report current asthma.

- In 2011, age was not a significant variable. In 2022, respondents 45 to 54 years old or 65 and older were more likely to report current asthma. From 2011 to 2022, there was a noted decrease in the percent of respondents 18 to 34 years old reporting current asthma.

- In 2011 and 2022, household income was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting current asthma.

- In 2011, marital status was not a significant variable. In 2022, married respondents were more likely to report current asthma. From 2011 to 2022, there was a noted decrease in the percent of unmarried respondents reporting current asthma.

2019 to 2022 Year Comparisons (Table 30)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported current asthma.

- In 2019, gender was not a significant variable. In 2022, female respondents were more likely to report current asthma.

- In 2019, respondents 18 to 34 years old were more likely to report current asthma. In 2022, respondents 45 to 54 years old or 65 and older were more likely to report current asthma. From 2019 to 2022, there was a noted decrease in the percent of respondents 18 to 34 years old reporting current asthma.

- In 2019, respondents with a high school education or less were more likely to report current asthma. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents with a high school education or less reporting current asthma.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report current asthma. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket and a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting current asthma.

- In 2019, marital status was not a significant variable. In 2022, married respondents were more likely to report current asthma. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of unmarried respondents reporting current asthma.

Table 30. Current Asthma by Demographic Variables for Each Survey Year (Q34)[①]

	2011	2014	2016	2019	2022
TOTAL	8%	10%	9%	10%	6%
Gender[1,3,5]					
Male	4	9	4	6	4
Female	13	11	13	11	9
Age[3,4,5]					
18 to 34[a,b]	6	14	17	18	0
35 to 44	7	13	3	4	2
45 to 54	4	12	7	10	11
55 to 64	13	3	9	4	8
65 and Older	11	6	6	7	10
Education[4]					
High School or Less[b]	8	14	9	20	7
Some Post High School	11	7	12	5	6
College Graduate	5	7	7	5	6
Household Income[2,3,4]					
Bottom 40 Percent Bracket[a,b]	13	9	17	26	5
Middle 20 Percent Bracket[b]	11	24	4	0	11
Top 40 Percent Bracket	5	5	10	2	5
Marital Status[5]					
Married	7	7	7	8	8
Not Married[a,b]	10	13	11	11	3

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

[1]<u>demographic</u> difference at p≤0.05 in 2011; [2]<u>demographic</u> difference at p≤0.05 in 2014; [3]<u>demographic</u> difference at p≤0.05 in 2016; [4]<u>demographic</u> difference at p≤0.05 in 2019; [5]<u>demographic</u> difference at p≤0.05 in 2022

[a]<u>year</u> difference at p≤0.05 from 2011 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Health Conditions Overall

Year Comparisons

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported high blood pressure, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, heart disease condition, diabetes or current asthma, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2019 to 2022, there was no statistical change.

**Figure 11. Health Conditions in Past Three Years
(Q19, Q22, Q25, Q28, Q31 & Q34)**
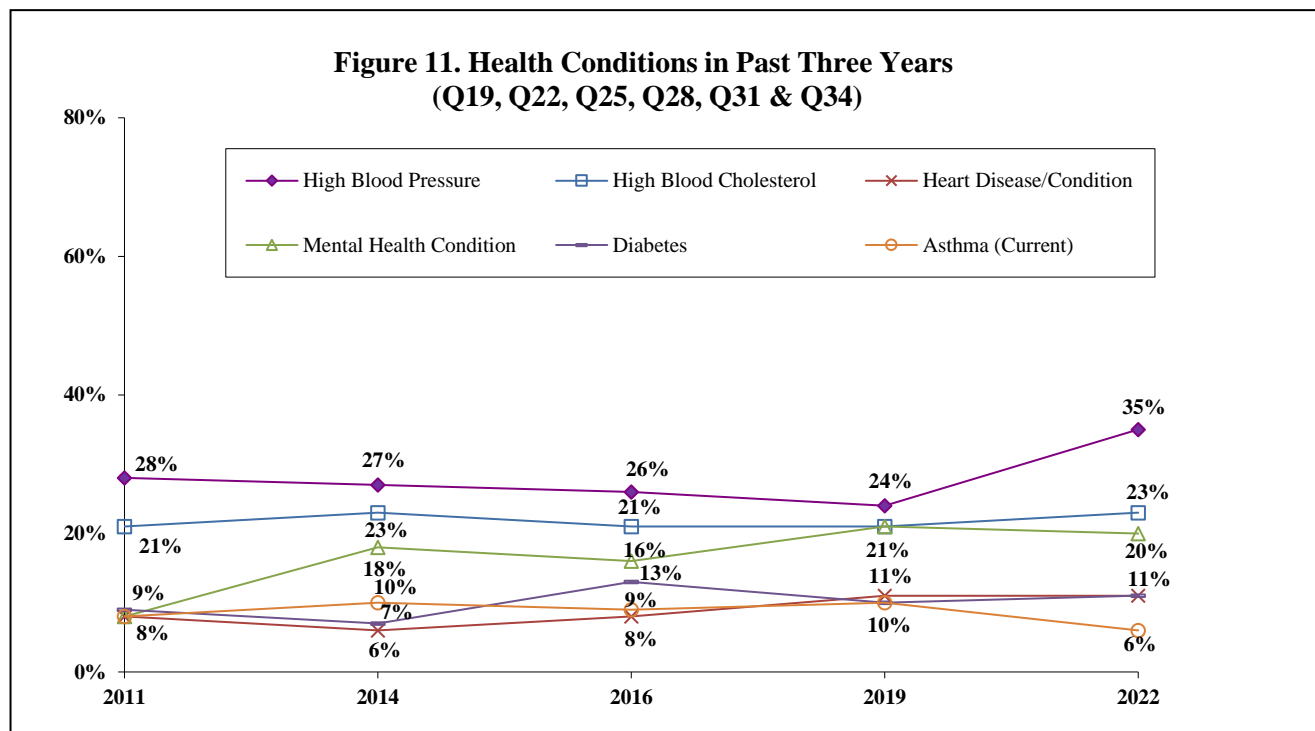
Body Weight (Figures 12 & 13; Tables 31 & 32)

KEY FINDINGS: In 2022, 68% of respondents were classified as at least overweight while 35% were obese. Respondents 45 to 54 years old, with a high school education or less, with a college education, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or married respondents were more likely to be at least overweight. Respondents with a high school education or less were more likely to be obese.

From 2011 to 2022, there was no statistical change in the overall percent of respondents who were at least overweight or obese, as well as from 2019 to 2022.

At Least Overweight

Being overweight contributes to many health problems. One nationally used definition of overweight status developed by the CDC is when a person's body mass index (BMI) is greater than or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter^2.

In 2020, 68% of Wisconsin respondents were classified as at least overweight (36% overweight, 32% obese). In the U.S., 67% were classified as at least overweight (35% overweight and 32% obese) (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 31)

- According to the definition, 68% of respondents were at least overweight (35% obese and 33% overweight).

Figure 12. Overweight Status for 2022 (Q49 & Q50)
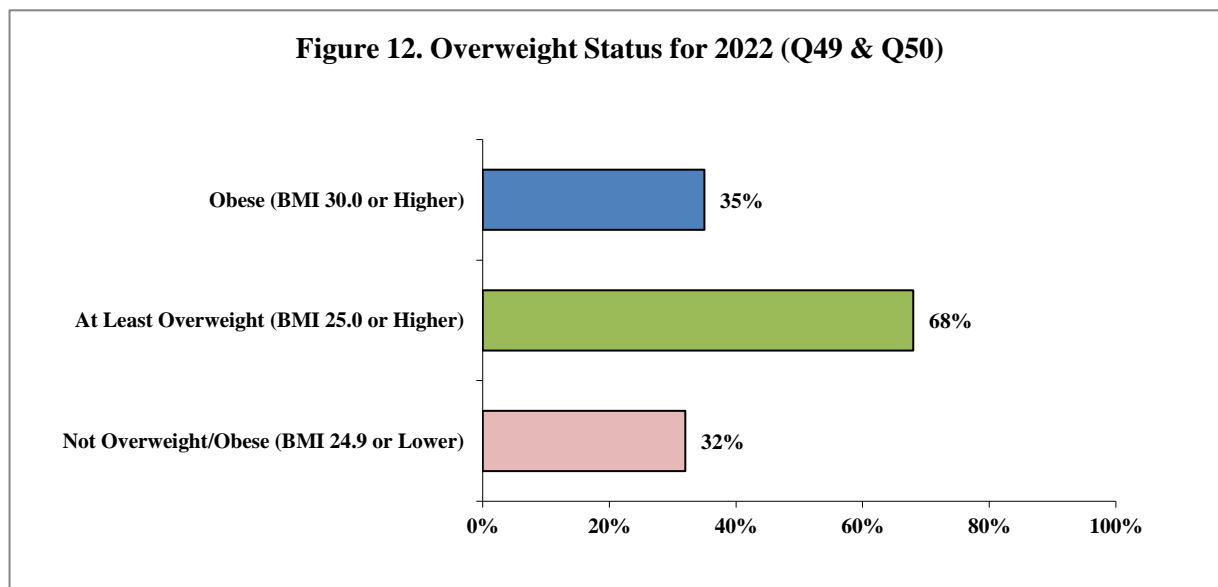
- Eighty-six percent of respondents 45 to 54 years old were at least overweight compared to 74% of those 35 to 44 years old or 36% of respondents 18 to 34 years old.

- Seventy-two percent of respondents with a high school education or less or with a college education were at least overweight compared to 57% of respondents with some post high school education.

- Eighty-one percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent income bracket were at least overweight compared to 52% of respondents in the middle 20 percent household income bracket.

- Married respondents were more likely to be overweight compared to unmarried respondents (75% and 54%, respectively).

2011 to 2022 Year Comparisons (Table 31)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who were at least overweight.

- In 2011, male respondents were more likely to be classified as at least overweight. In 2022, gender was not a significant variable. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of male respondents and a noted increase in the percent of female respondents who were at least overweight.

- In 2011, age was not a significant variable. In 2022, respondents 45 to 54 years old were more likely to be classified as at least overweight, with a noted increase since 2011. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old who were at least overweight.

- In 2011, respondents with some post high school education were more likely to be at least overweight. In 2022, respondents with a high school education or less or with a college education were more likely to be at least overweight. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents with some post high school education and a noted increase in the percent of respondents with a college education who were at least overweight.

- In 2011, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to be at least overweight, with a noted increase since 2011. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the middle 20 percent household income bracket who were at least overweight.

- In 2011, marital status was not a significant variable. In 2022, married respondents were more likely to be at least overweight. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of unmarried respondents who were at least overweight.

2019 to 2022 Year Comparisons (Table 31)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who were at least overweight.

- In 2019, male respondents were more likely to be at least overweight. In 2022, gender was not a significant variable. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of male respondents and a noted increase in the percent of female respondents who were at least overweight.

- In 2019, respondents 55 to 64 years old were more likely to be at least overweight. In 2022, respondents 45 to 54 years old were more likely to be classified as at least overweight, with a noted increase since 2019. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents 18 to 34 years old who were at least overweight.

- In 2019, respondents with some post high school education were more likely to be at least overweight. In 2022, respondents with a high school education or less or with a college education were more likely to be at least overweight. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with some post high school education who were at least overweight.

- In 2019, respondents in the top 60 percent household income bracket were more likely to be at least overweight. In 2022, respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to be at least overweight. From 2019 to 2022, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket and a noted <u>decrease</u> in the percent of respondents in the middle 20 percent household income bracket who were at least overweight.

- In 2019, marital status was not a significant variable. In 2022, married respondents were more likely to be at least overweight. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of unmarried respondents who were at least overweight.

Table 31. At Least Overweight (BMI 25.0 or Higher) by Demographic Variables for Each Survey Year (Q49 & Q50)[①]

	2011	2014	2016	2019	2022
TOTAL	70%	67%	69%	69%	68%
Gender[1,2,3,4]					
Male[a,b]	81	76	74	84	70
Female[a,b]	58	58	65	58	71
Age[2,3,4,5]					
18 to 34[a,b]	64	48	51	51	36
35 to 44	68	54	66	68	74
45 to 54[a,b]	71	81	82	70	86
55 to 64	75	79	73	88	83
65 and Older	72	76	76	78	77
Education[1,4,5]					
High School or Less	71	71	69	60	72
Some Post High School[a,b]	81	60	69	80	57
College Graduate[a]	55	67	69	68	72
Household Income[4,5]					
Bottom 40 Percent Bracket[a,b]	66	66	65	58	81
Middle 20 Percent Bracket[a,b]	77	63	76	74	52
Top 40 Percent Bracket[a]	67	74	71	76	81
Marital Status[5]					
Married	71	71	70	70	75
Not Married[a,b]	66	62	67	68	54

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at p≤0.05 in 2011; [2]<u>demographic</u> difference at p≤0.05 in 2014; [3]<u>demographic</u> difference at p≤0.05 in 2016; [4]<u>demographic</u> difference at p≤0.05 in 2019; [5]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2011 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Obese

The Healthy People 2030 goal for obesity is 36%. (Objective NWS-03)

In 2020, 32% of Wisconsin and 32% of U.S. respondents were classified as obese (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 32)

- Thirty-five percent of respondents were classified as obese (BMI 30.0 or higher).

- Forty-two percent of respondents with a high school education or less were obese compared to 36% of those with a college education or 24% of respondents with some post high school education.

2011 to 2022 Year Comparisons (Table 32)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who were obese.

- In 2011 and 2022, age was not a significant variable. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents 35 to 44 years old who were obese.

- In 2011, respondents with some post high school education were more likely to be obese. In 2022, respondents with a high school education or less were more likely to be obese, with a noted increase since 2011. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents with some post high school education and a noted increase in the percent of respondents with a college education who were obese.

- In 2011 and 2022, household income was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket who were obese.

2019 to 2022 Year Comparisons (Table 32)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who were obese.

- In 2019, male respondents were more likely to be obese. In 2022, gender was not a significant variable.

- In 2019, respondents 55 to 64 years old were more likely to be obese. In 2022, age was not a significant variable. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents 35 to 44 years old or 55 to 64 years old and a noted increase in the percent of respondents 45 to 54 years old who were obese.

- In 2019, education was not a significant variable. In 2022, respondents with a high school education or less were more likely to be obese. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with some post high school education who were obese.

Table 32. Obese (BMI 30.0 or Higher) by Demographic Variables for Each Survey Year (Q49 & Q50)[①]

	2011	2014	2016	2019	2022
TOTAL	32%	31%	36%	36%	35%
Gender[4]					
Male	34	35	34	42	33
Female	30	28	38	31	39
Age[3,4]					
18 to 34	25	29	16	26	36
35 to 44[a,b]	39	24	28	47	21
45 to 54[b]	32	38	56	23	45
55 to 64[b]	39	33	42	52	33
65 and Older	25	31	37	38	39
Education[1,2,5]					
High School or Less[a]	27	33	36	34	42
Some Post High School[a,b]	51	21	36	41	24
College Graduate[a]	15	38	36	33	36
Household Income[2]					
Bottom 40 Percent Bracket[a]	29	23	40	36	46
Middle 20 Percent Bracket	38	24	41	32	33
Top 40 Percent Bracket	27	41	36	37	36
Marital Status[2]					
Married	31	39	38	38	37
Not Married	32	21	33	33	30

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022

[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Body Weight Overall

Year Comparisons

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who were at least overweight or obese, as well as from 2019 to 2022.

Figure 13. Overweight Status (Q49 & Q50)
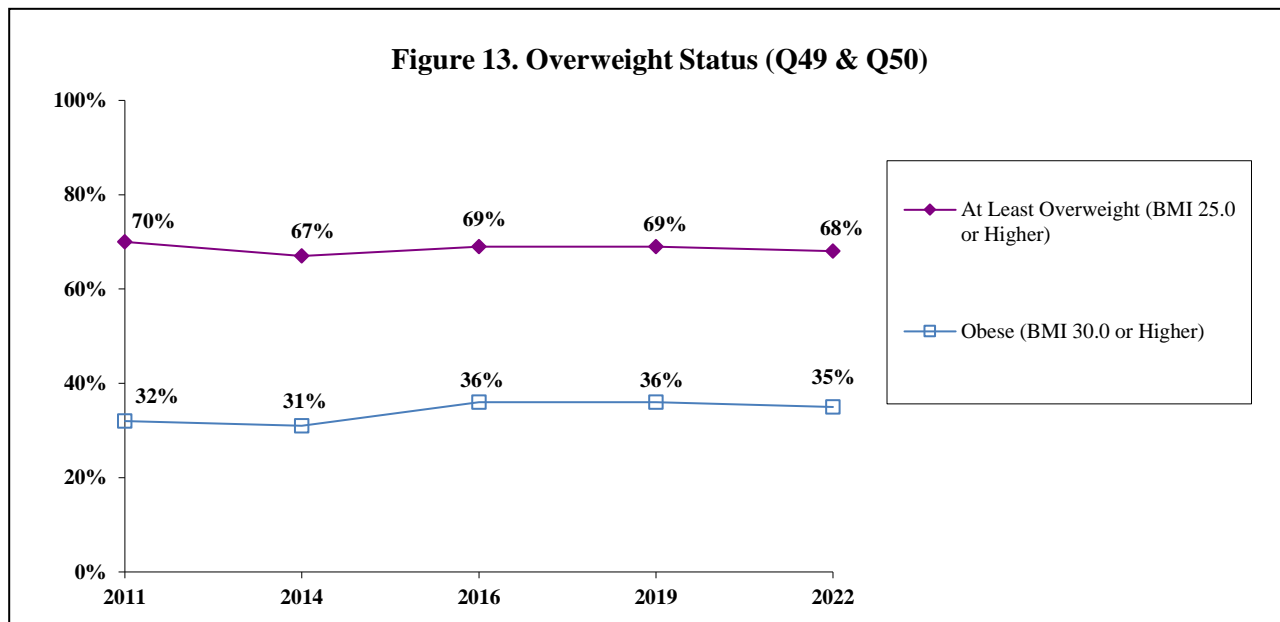
Tobacco Product Use (Figure 14; Tables 33 - 36)

KEY FINDINGS: In 2022, 15% of respondents were current tobacco cigarette smokers; respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. Eleven percent of respondents used electronic vapor products in the past month; respondents who were male, 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. Three percent of respondents each used cigars/cigarillos/little cigars or smokeless tobacco in the past month.

From 2011 to 2022, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical increase in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was no statistical change. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who used smokeless tobacco in the past month, as well as from 2019 to 2022.

Current Cigarette Smokers

The Healthy People 2030 goal for adult smoking is 5%. (Objective TU-02)

In 2020, 16% of Wisconsin respondents and 16% of U.S. respondents were current smokers (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 33)

- Fifteen percent of respondents were current tobacco cigarette smokers; 4% smoked some days and 11% smoked every day.

- Thirty-seven percent of respondents 18 to 34 years old were current smokers compared to 4% of those 65 and older or 3% of respondents 45 to 54 years old.

- Thirty-four percent of respondents with a high school education or less were current smokers compared to 16% of those with some post high school education or 4% of respondents with a college education.

- Thirty-two percent of respondents in the bottom 40 percent household income bracket were current smokers compared to 8% of those in the top 40 percent income bracket or 5% of respondents in the middle 20 percent household income bracket.

- Unmarried respondents were more likely to be current smokers compared to married respondents (27% and 8%, respectively).

2011 to 2022 Year Comparisons (Table 33)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.

- In 2011, respondents 18 to 44 years old were more likely to be a current smoker. In 2022, respondents 18 to 34 years old were more likely to be a current smoker, with a noted increase since 2011. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents 35 to 54 years old who were current smokers.

- In 2011, respondents with some post high school education or less were more likely to be a current smoker. In 2022, respondents with a high school education or less were more likely to be a current smoker.

- In 2011, respondents in the bottom 60 percent household income bracket were more likely to be a current smoker. In 2022, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the middle 20 percent household income bracket who were current smokers.

- In 2011, marital status was not a significant variable. In 2022, unmarried respondents were more likely to be a current smoker. From 2011 to 2022, there was a noted <u>decrease</u> in the percent of married respondents who were current smokers.

2019 to 2022 Year Comparisons (Table 33)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers.

- In 2019, respondents 18 to 34 years old or 45 to 54 years old were more likely to be a current smoker. In 2022, respondents 18 to 34 years old were more likely to be a current smoker, with a noted increase since 2019. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents 45 to 54 years old who were current smokers.

- In 2019, education was not a significant variable. In 2022, respondents with a high school education or less were more likely to be a current smoker, with a noted increase since 2019. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents with a college education who were current smokers.

- In 2019, household income was not a significant variable. In 2022, respondents in the bottom 40 percent household income bracket were more likely to be a current smoker, with a noted increase since 2019. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the top 40 percent household income bracket who were current smokers.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to be a current smoker. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of married respondents who were current smokers.

Table 33. Current Tobacco Cigarette Smokers by Demographic Variables for Each Survey Year (Q47)[①]

	2011	2014	2016	2019	2022
TOTAL	17%	20%	18%	16%	15%
Gender[3]					
Male	14	23	22	14	14
Female	20	17	14	18	17
Age[1,2,3,4,5]					
18 to 34[a,b]	23	13	31	22	37
35 to 44[a]	24	41	11	11	8
45 to 54[a,b]	17	27	15	24	3
55 to 64	13	12	19	10	13
65 and Older	6	6	13	4	4
Education[1,2,3,5]					
High School or Less[b]	23	32	27	13	34
Some Post High School	21	21	29	20	16
College Graduate[b]	5	3	6	15	4
Household Income[1,2,3,5]					
Bottom 40 Percent Bracket[b]	23	28	30	18	32
Middle 20 Percent Bracket[a]	25	30	32	9	5
Top 40 Percent Bracket[b]	8	12	10	21	8
Marital Status[2,5]					
Married[a,b]	14	16	16	13	8
Not Married	21	25	21	19	27

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Electronic Vapers

In 2017, 4% of Wisconsin respondents currently used electronic cigarettes. In 2020, 4% of U.S. respondents currently used electronic cigarettes (2017 & 2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 34)

- Eleven percent of respondents used electronic vapor products in the past month.

- Male respondents were more likely to report they used electronic vapor products in the past month (18%) compared to female respondents (4%).

- Thirty-six percent of respondents 18 to 34 years old reported they used electronic vapor products in the past month compared to 3% of those 45 to 54 years old or 0% of respondents 55 and older.

- Twenty-five percent of respondents in the middle 20 percent household income bracket reported they used electronic vapor products in the past month compared to 7% of those in the top 40 percent income bracket or 1% respondents in the bottom 40 percent household income bracket.

<u>2014 to 2022 Year Comparisons (Table 34)</u>

- From 2014 to 2022, there was a statistical increase in the overall percent of respondents who used electronic vapor products in the past month.

- In 2014, female respondents were more likely to report they used electronic vapor products. In 2022, male respondents were more likely to report they used electronic vapor products, with a noted increase since 2014.

- In 2014, age was not a significant variable. In 2022, respondents 18 to 34 years old were more likely to report they used electronic vapor products, with a noted increase since 2014.

- In 2014 and 2022, education was not a significant variable. From 2014 to 2022, there was a noted increase in the percent of respondents with a high school education or less reporting they used electronic vapor products.

- In 2014, respondents in the bottom 40 percent household income bracket were more likely to report they used electronic vapor products. In 2022, respondents in the middle 20 percent household income bracket were more likely to report they used electronic vapor products, with a noted increase since 2014. From 2014 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket reporting they used electronic vapor products.

- In 2014 and 2022, marital status was not a significant variable. From 2014 to 2022, there was a noted increase in the percent of married respondents reporting they used electronic vapor products.

<u>2019 to 2022 Year Comparisons (Table 34)</u>

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who used electronic vapor products in the past month.

- In 2019 and 2022, male respondents were more likely to report they used electronic vapor products.

- In 2019 and 2022, respondents 18 to 34 years old were more likely to report they used electronic vapor products.

- In 2019, respondents with some post high school education were more likely to report they used electronic vapor products. In 2022, education was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents with a high school education or less and a noted <u>decrease</u> in the percent of respondents with some post high school education reporting they used electronic vapor products.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report they used electronic vapor products. In 2022, respondents in the middle 20 percent household income bracket were more likely to report they used electronic vapor products, with a noted increase since 2019. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 40 percent household income bracket reporting they used electronic vapor products.

- In 2019, unmarried respondents were more likely to report they used electronic vapor products. In 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of married respondents reporting they used electronic vapor products.

Table 34. Electronic Vapor Product Use in Past Month by Demographic Variables for Each Survey Year (Q45)[①]

	2014	2016	2019	2022
TOTAL[a]	5%	8%	9%	11%
Gender[1,3,4]				
Male[a]	3	9	13	18
Female	7	7	3	4
Age[2,3,4]				
18 to 34[a]	5	18	31	36
35 to 44	9	8	6	5
45 to 54	5	5	0	3
55 to 64	4	6	1	0
65 and Older	1	1	0	0
Education[2,3]				
High School or Less[a,b]	4	13	6	17
Some Post High School[b]	7	12	17	8
College Graduate	5	3	5	9
Household Income[1,2,3,4]				
Bottom 40 Percent Bracket[a,b]	11	17	16	1
Middle 20 Percent Bracket[a,b]	2	13	2	25
Top 40 Percent Bracket	4	5	9	7
Marital Status[3]				
Married[a,b]	3	6	4	9
Not Married	7	11	16	14

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2016
[3]demographic difference at p≤0.05 in 2019; [4]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2014 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Cigars, Cigarillos or Little Cigars

2022 Findings (Table 35)

- Three percent of respondents used cigars, cigarillos or little cigars in the past month.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they used cigars, cigarillos or little cigars in the past month.

2014 to 2022 Year Comparisons (Table 35)

- From 2014 to 2022, there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.

- In 2014, respondents who were male or in the bottom 40 percent household income bracket were more likely to report they used cigars, cigarillos or little cigars in the past month.

2019 to 2022 Year Comparisons (Table 35)

- From 2019 to 2022 there was no statistical change in the overall percent of respondents who used cigars, cigarillos or little cigars in the past month.

- In 2019, married respondents were more likely to report they used cigars, cigarillos or little cigars in the past month.

Table 35. Cigars, Cigarillos or Little Cigars Use in Past Month by Demographic Variables for Each Survey Year (Q44)[①]

	2014	2016	2019	2022[②]
TOTAL	4%	6%	4%	3%
Gender[1,2]				
Male	6	13	4	--
Female	2	<1	4	--
Age[2]				
18 to 34	2	13	8	--
35 to 44	9	3	0	--
45 to 54	4	4	4	--
55 to 64	4	9	4	--
65 and Older	1	3	3	--
Education[2]				
High School or Less	4	13	6	--
Some Post High School	8	8	2	--
College Graduate	2	2	4	--
Household Income[1,2]				
Bottom 40 Percent Bracket	10	9	6	--
Middle 20 Percent Bracket	0	14	0	--
Top 40 Percent Bracket	4	2	5	--
Marital Status[3]				
Married	4	6	6	--
Not Married	5	7	<1	--

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2014; [2]demographic difference at p≤0.05 in 2016
[3]demographic difference at p≤0.05 in 2019; [4]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2014 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Smokeless Tobacco

In 2020, 4% of Wisconsin respondents and 4% of U.S. respondents used chewing tobacco, snuff or snus (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 36)

- Three percent of respondents used smokeless tobacco in the past month.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they used smokeless tobacco in the past month.

2014 to 2022 Year Comparisons (Table 36)

- From 2014 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who used smokeless tobacco in the past month.

- In 2014, respondents who were male, 35 to 44 years old, with a high school education or less or in the middle 20 percent household income bracket were more likely to report they used smokeless tobacco in the past month.

2019 to 2022 Year Comparisons (Table 36)

- From 2019 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who used smokeless tobacco in the past month.

- In 2019, respondents who were male, 18 to 44 years old, with some post high school education or in the middle 20 percent household income bracket were more likely to report they used smokeless tobacco in the past month.

Table 36. Smokeless Tobacco Use in Past Month by Demographic Variables for Each Survey Year (Q43)[1]

	2014	2016	2019	2022[2]
TOTAL[a,b]	8%	5%	7%	3%
Gender[1,2,3]				
Male	14	10	12	--
Female	1	<1	2	--
Age[1,2,3]				
18 to 34	10	14	13	--
35 to 44	14	0	14	--
45 to 54	11	7	1	--
55 to 64	0	1	4	--
65 and Older	0	0	0	--
Education[1,2,3]				
High School or Less	13	11	2	--
Some Post High School	7	8	17	--
College Graduate	2	<1	3	--
Household Income[1,3]				
Bottom 40 Percent Bracket	7	3	6	--
Middle 20 Percent Bracket	21	10	15	--
Top 40 Percent Bracket	4	4	4	--
Marital Status[2]				
Married	6	7	5	--
Not Married	9	2	8	--

[1]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[2]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]<u>demographic</u> difference at p≤0.05 in 2014; [2]<u>demographic</u> difference at p≤0.05 in 2016
[3]<u>demographic</u> difference at p≤0.05 in 2019; [4]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2014 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Tobacco Product Use Overall

<u>Year Comparisons</u>

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical increase in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was no statistical change. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who used smokeless tobacco in the past month, as well as from 2019 to 2022.

Figure 14. Tobacco Use in Past Month (Q43 - Q45 & Q47)

Exposure to Smoke (Figures 15 & 16; Table 37)

KEY FINDINGS: In 2022, 89% of respondents reported smoking is not allowed anywhere inside the home.

From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.

Smoking Policy Inside Home

The Healthy People 2030 goal for respondents who reported that smoking is not allowed in their home is 93% (Objective TU-18).

In 2014-2015, 84% of Midwest respondents reported smoking is prohibited in their home. In 2014-2015, 87% of U.S. respondents reported smoking is prohibited in their home (2014-2015 Tobacco Use Supplement to the Current Population Survey).

2022 Findings (Table 37)

- Eighty-nine percent of respondents reported smoking is not allowed anywhere inside the home while 1% reported smoking is allowed in some places or at some times. Less than one percent reported smoking is allowed anywhere inside the home. Nine percent of respondents reported there are no rules about smoking inside the home.
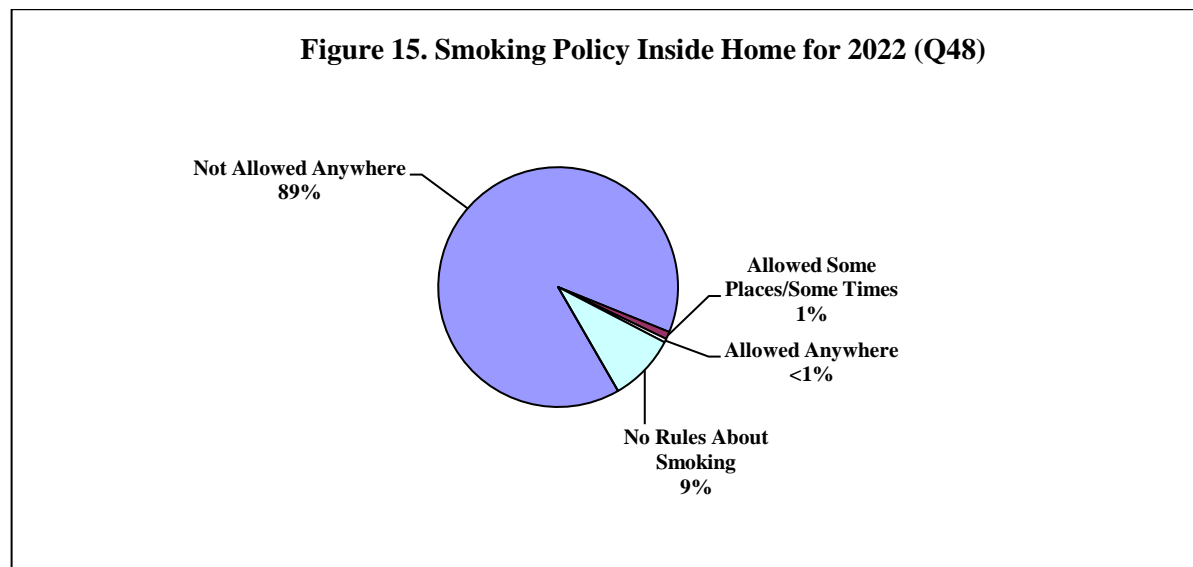
Figure 15. Smoking Policy Inside Home for 2022 (Q48)

- There were no statistically significant differences between demographic variables and responses of smoking is not allowed anywhere inside the home.

2011 to 2022 Year Comparisons (Table 37)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.

- In 2011 and 2022, household income was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents in the bottom 40 percent household income bracket reporting smoking is not allowed in the home.

- In 2011 and 2022, marital status was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of unmarried respondents reporting smoking is not allowed in the home.

- In 2011, respondents in households with children were more likely to report smoking is not allowed in the home. In 2022, the presence of children was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents without children in the household reporting smoking is not allowed in the home.

2019 to 2022 Year Comparisons (Table 37)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.

- In 2019, respondents in the middle 20 percent household income bracket were more likely to report smoking is not allowed in the home. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents in the middle 20 percent household income bracket reporting smoking is not allowed in the home.

- In 2019, respondents in households with children were more likely to report smoking is not allowed in the home. In 2022, the presence of children was not a significant variable.

Table 37. Smoking Not Allowed in Home by Demographic Variables for Each Survey Year (Q48)[①]

	2011	2014	2016	2019	2022
TOTAL[a]	80%	83%	83%	90%	89%
Household Income[2,3,4]					
Bottom 40 Percent Bracket[a]	75	74	72	83	90
Middle 20 Percent Bracket[b]	88	74	93	97	86
Top 40 Percent Bracket	82	91	90	94	88
Marital Status[2,3]					
Married	82	89	89	92	87
Not Married[a]	75	76	75	86	93
Children in Household[1,2,3,4]					
Yes	86	90	92	96	91
No[a]	76	79	77	85	88

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Exposure to Smoke Overall

<u>Year Comparisons</u>

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.

Figure 16. Smoking Not Allowed in Home (Q48)
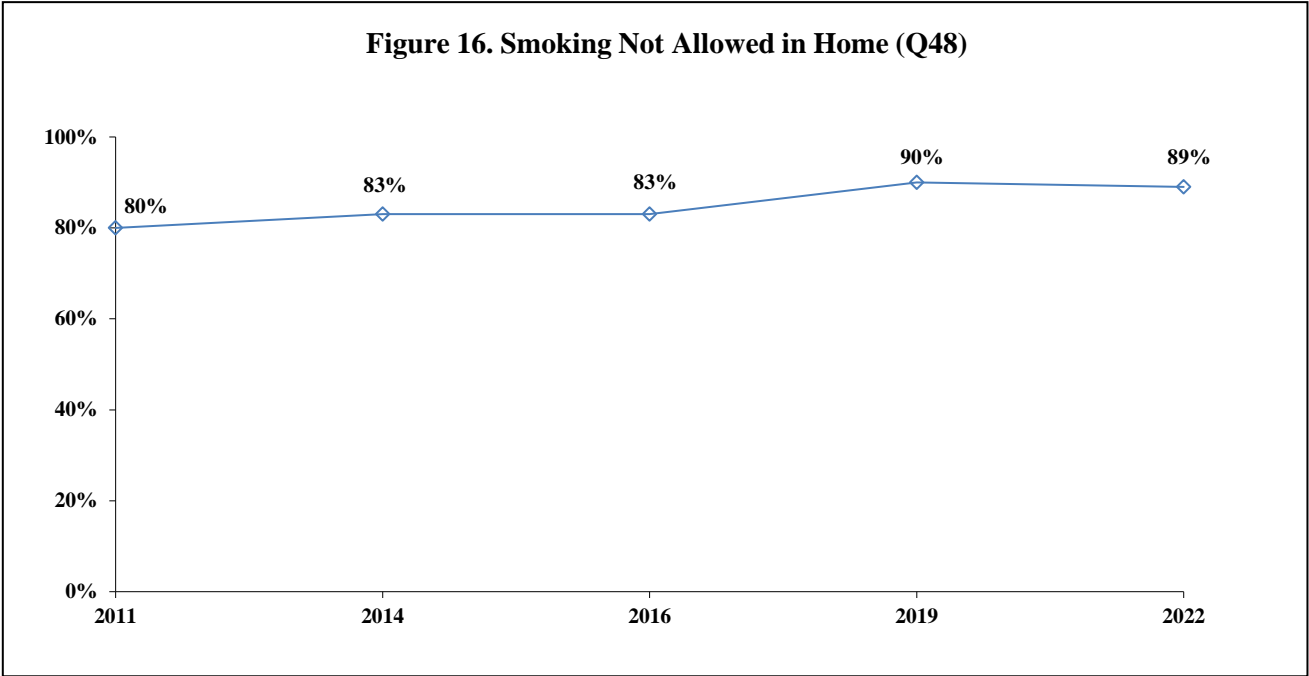
Delta-8 Use (Table 38)

KEY FINDINGS: In 2022, 4% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month. Respondents who were male, 18 to 34 years old, with a college education or married respondents were more likely to report they used Delta-8 in the past month.

Delta-8

2022 Findings (Table 38)

- Four percent of respondents used Delta-8 also known as marijuana-lite, diet weed or dabs, in the past month.

- Male respondents were more likely to report they used Delta-8 in the past month (6%) compared to female respondents (2%).

- Ten percent of respondents 18 to 34 years old reported they used Delta-8 in the past month compared to 1% of those 65 and older or 0% of respondents 35 to 44 years old.

- Six percent of respondents with a college education reported they used Delta-8 in the past month compared to less than one percent of respondents with some post high school education or less.

- Six percent of married respondents reported they used Delta-8 in the past month compared to less than one percent of unmarried respondents.

Table 38. Delta-8 Use in Past Month by Demographic Variables for 2022 (Q46)[①]

	2022
TOTAL	4%
Gender[1]	
Male	6
Female	2
Age[1]	
18 to 34	10
35 to 44	0
45 to 54	3
55 to 64	3
65 and Older	1
Education[1]	
High School or Less	<1
Some Post High School	<1
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	2
Middle 20 Percent Bracket	8
Top 40 Percent Bracket	4
Marital Status[1]	
Married	6
Not Married	<1

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

[1]demographic difference at p≤0.05 in 2022

Alcohol Use (Figure 17; Tables 39 & 40)

KEY FINDINGS: In 2022, 82% of respondents had an alcoholic drink in the past month. Eleven percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 27% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents who were male, 18 to 34 years old or in the middle 20 percent household income bracket were more likely to have binged in the past month.

From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical <u>decrease</u>.

Heavy Drinking in Past Month

According to the Centers for Disease Control, heavy drinking is defined as more than 2 drinks per day in the past month for males (i.e. at least 61 drinks) and more than one drink per day for females (i.e. 31 drinks).

In 2020, 10% of Wisconsin respondents and 7% of U.S. respondents were classified as heavy drinkers (2020 Behavioral Risk Factor Surveillance System).

<u>2022 Findings (Table 39)</u>

- Eighty-two percent of respondents had a drink in the past 30 days. Forty-four percent reported they drank on at least five days, while 15% reported three or four days and 23% reported drinking on one or two days in the past 30 days.

- Ten percent of all respondents reported an average of four or more drinks per day on the days they drank while 17% reported three drinks. Thirty-nine percent reported two drinks and 16% reported one drink on average on the days they drank. Eighteen percent reported having no drinks in the past month.

- Combined, 11% of respondents were classified as heavy drinkers in the past month (61 or more drinks for males and 31 or more drinks for females).

- There were no statistically significant differences between demographic variables and responses of heavy drinking in the past month.

Table 39.Heavy Drinking in Past Month by Demographic Variables for 2022 (Q40 & Q41)[1],[2]

	2022
TOTAL	11%
Gender	
Male	13
Female	9
Age	
18 to 34	11
35 to 44	17
45 to 54	15
55 to 64	8
65 and Older	8
Education	
High School or Less	13
Some Post High School	12
College Graduate	9
Household Income	
Bottom 40 Percent Bracket	13
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	7
Marital Status	
Married	10
Not Married	13

[1]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

[2]Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.

[1]demographic difference at p≤0.05 in 2022

Binge Drinking in Past Month

Binge drinking definitions vary. Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2022, Washington County defined binge drinking as four or more drinks for females and five or more drinks for males.

The Healthy People 2030 goal for adult binge drinking (5 or more drinks) in the past month is 25%. (Objective SU-10)

In 2020, 23% of Wisconsin respondents reported binge drinking in the past month (females having four or more drinks on one occasion, males having five or more drinks on one occasion). Sixteen percent of U.S. respondents reported binge drinking in the past month (2020 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 40)

- Twenty-seven percent of all respondents binged in the past month (four or more drinks for females and five or more drinks for males).

- Male respondents were more likely to have binged in the past month (36%) compared to female respondents (21%).

- Forty-five percent of respondents 18 to 34 years old binged in the past month compared to 18% of those 55 to 64 years old or 9% of respondents 65 and older.

- Forty-seven percent of respondents in the middle 20 percent household income bracket binged in the past month compared to 27% of those in the top 40 percent income bracket or 11% of respondents in the bottom 40 percent household income bracket.

2011 to 2022 Year Comparisons (Table 40)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who binged in the past month.

- In 2011 and 2022, male respondents were more likely to have binged. From 2011 to 2022, there was a noted decrease in the percent of male respondents reporting binge drinking.

- In 2011 and 2022, respondents 18 to 34 years old were more likely to have binged.

- In 2011, respondents with some post high school education were more likely to have binged. In 2022, education was not a significant variable. From 2011 to 2022, there was a noted decrease in the percent of respondents with some post high school education and a noted increase in the percent of respondents with a college education reporting binge drinking.

- In 2011, respondents in the top 40 percent household income bracket were more likely to have binged. In 2022, respondents in the middle 20 percent household income bracket were more likely to have binged. From 2011 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting binge drinking.

2019 to 2022 Year Comparisons (Table 40)

- From 2019 to 2022, there was a statistical decrease in the overall percent of respondents who binged in the past month.

- In 2019 and 2022, male respondents were more likely to have binged. From 2019 to 2022, there was a noted decrease in the percent of respondents across gender reporting binge drinking.

- In 2019 and 2022, respondents 18 to 34 years old were more likely to have binged. From 2019 to 2022, there was a noted decrease in the percent of respondents 45 to 54 years old reporting binge drinking.

- In 2019 and 2022, education was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents with some post high school education reporting binge drinking.

- In 2019, household income was not a significant variable. In 2022, respondents in the middle 20 percent household income bracket were more likely to have binged. From 2019 to 2022, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket or in the top 40 percent household income bracket reporting binge drinking.

- In 2019 and 2022, marital status was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of married respondents reporting binge drinking.

Table 40. Binge Drinking in Past Month by Demographic Variables for Each Survey Year (Q42)[①,②]

	2011	2014	2016	2019	2022
TOTAL[b]	33%	39%	34%	39%	27%
Gender[1,2,3,4,5]					
Male[a,b]	46	56	45	47	36
Female[b]	19	22	23	30	21
Age[1,2,3,4,5]					
18 to 34	53	53	61	58	45
35 to 44	39	47	21	46	37
45 to 54[b]	33	43	37	45	27
55 to 64	25	26	29	28	18
65 and Older	4	20	11	8	9
Education[1,2,3]					
High School or Less	32	47	23	35	24
Some Post High School[a,b]	44	39	35	47	20
College Graduate[a]	19	29	39	36	32
Household Income[1,2,3,5]					
Bottom 40 Percent Bracket[a,b]	26	28	24	35	11
Middle 20 Percent Bracket	32	55	48	35	47
Top 40 Percent Bracket[a,b]	43	40	42	45	27
Marital Status					
Married[b]	32	35	36	41	25
Not Married	33	44	30	37	31

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.

[②]Binge drinking is defined as "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males.

[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022

[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Alcohol Use Overall

<u>Year Comparisons</u>

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical <u>decrease</u>.

**Figure 17. Alcohol Use
in Past Month (Q40 - Q42)**
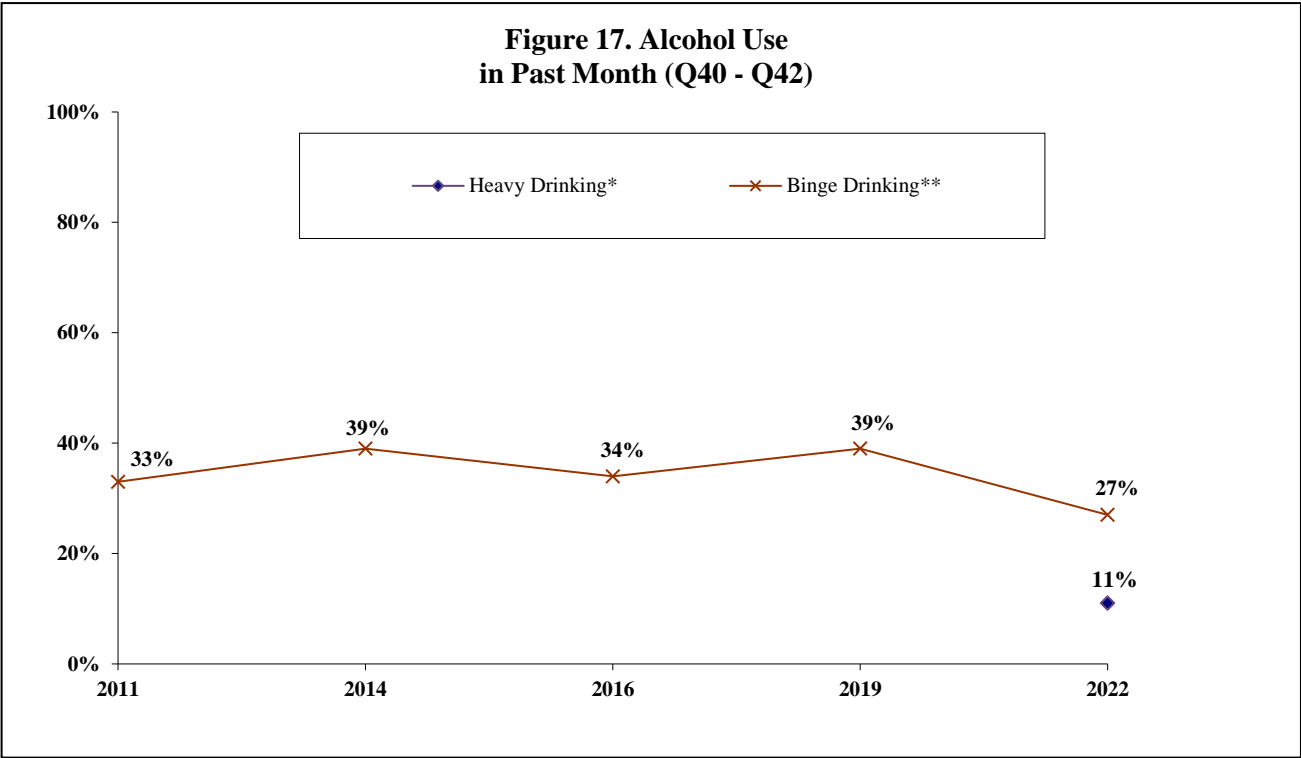
* Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.
**Binge drinking is defined as "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males.

Mental Health Status (Figures 18 & 19; Tables 41 - 43)

KEY FINDINGS: In 2022, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were 45 to 54 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this. Seven percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were male, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Three percent of respondents reported they seldom or never find meaning and purpose in daily life.

From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month or they considered suicide in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they seldom/never find meaning and purpose in daily life while from 2019 to 2022, there was a statistical <u>decrease</u>.

Felt Sad, Blue or Depressed

<u>2022 Findings (Table 41)</u>

- Six percent of respondents reported they always or nearly always felt sad, blue or depressed in the past month. This represents up to 11,880 residents.

Figure 18. Felt Sad, Blue or Depressed in Past Month for 2022 (Q37)
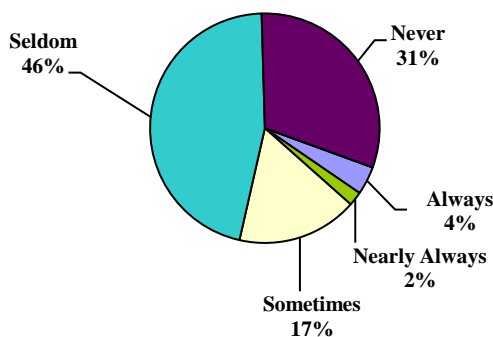
- Thirteen percent of respondents 45 to 54 years old reported they always or nearly always felt sad, blue or depressed in the past month compared to 3% of those 65 and older or 0% of respondents 55 to 64 years old.

- Thirteen percent of respondents in the middle 20 percent household income bracket reported they always or nearly always felt sad, blue or depressed in the past month compared to 9% of those in the bottom 40 percent income bracket or less than one percent of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed in the past month compared to married respondents (11% and 3%, respectively).

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported in the past month they always or nearly always felt sad, blue or depressed in 2011.

2019 to 2022 Year Comparisons (Table 41)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month.

- In 2019 and 2022, gender was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of male respondents reporting always or nearly always.

- In 2019, respondents 18 to 34 years old were more likely to report they always or nearly always felt sad, blue or depressed. In 2022, respondents 45 to 54 years old were more likely to report they always or nearly always felt sad, blue or depressed. From 2019 to 2022, there was a noted increase in the percent of respondents 35 to 54 years old reporting always or nearly always.

- In 2019, respondents in the bottom 40 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed. In 2022, respondents in the middle 20 percent household income bracket were more likely to report they always or nearly always felt sad, blue or depressed, with a noted increase since 2019.

- In 2019 and 2022, unmarried respondents were more likely to report they always or nearly always felt sad, blue or depressed.

Table 41. Always/Nearly Always Felt Sad, Blue or Depressed in Past Month by Demographic Variables for Each Survey Year (Q37)[①]

	2011[②]	2014	2016	2019	2022
TOTAL[a]	3%	6%	5%	4%	6%
Gender					
Male[b]	--	5	4	3	8
Female	--	7	6	5	4
Age[4,5]					
18 to 34	--	9	5	8	8
35 to 44[b]	--	4	3	0	7
45 to 54[b]	--	11	7	0	13
55 to 64	--	4	7	3	0
65 and Older	--	1	1	4	3
Education[2]					
High School or Less	--	6	6	3	9
Some Post High School	--	11	8	7	6
College Graduate	--	2	3	2	4
Household Income[2,3,4,5]					
Bottom 40 Percent Bracket	--	12	9	10	9
Middle 20 Percent Bracket[b]	--	13	0	0	13
Top 40 Percent Bracket	--	1	5	1	<1
Marital Status[3,4,5]					
Married	--	6	2	1	3
Not Married	--	6	9	7	11

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Considered Suicide

All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered.

2022 Findings (Table 42)

- Seven percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 12,960 residents who may have considered suicide in the past year.

- Five percent of male respondents reported they felt so overwhelmed in the past year that they considered suicide compared to less than one percent of female respondents.

- Fifteen percent of respondents 18 to 34 years old reported they felt so overwhelmed in the past year that they considered suicide compared to 3% of those 65 and older or 0% of respondents 55 to 64 years old.

- Twenty-two percent of respondents with some post high school education reported they felt so overwhelmed in the past year that they considered suicide compared to 2% of those with a college education or 0% of respondents with a high school education or less.

- Unmarried respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide compared to married respondents (13% and 3%, respectively).

2011 to 2022 Year Comparisons (Table 42)

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they felt so overwhelmed in the past year that they considered suicide in 2011.

2019 to 2022 Year Comparisons (Table 42)

- From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year.

- In 2019, gender was not a significant variable. In 2022, male respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide. From 2019 to 2022, there was a noted decrease in the percent of female respondents reporting they considered suicide.

- In 2019 and 2022, respondents 18 to 34 years old were more likely to report they felt so overwhelmed in the past year that they considered suicide. From 2019 to 2022, there was a noted increase in the percent of respondents 45 to 54 years old reporting they considered suicide.

- In 2019, education was not a significant variable. In 2022, respondents with some post high school education were more likely to report they felt so overwhelmed in the past year that they considered suicide, with a noted increase since 2019. From 2019 to 2022, there was a noted decrease in the percent of respondents with a high school education or less or with a college education reporting they considered suicide.

- In 2019, respondents in the bottom 60 percent household income bracket were more likely to report they felt so overwhelmed that they considered suicide. In 2022, household income was not a significant variable. From 2019 to 2022, there was a noted decrease in the percent of respondents in the bottom 60 percent household income bracket reporting they considered suicide.

- In 2019, marital status was not a significant variable. In 2022, unmarried respondents were more likely to report they felt so overwhelmed in the past year that they considered suicide.

Table 42. Considered Suicide in Past Year by Demographic Variables for Each Survey Year (Q39)[①]

	2011[②]	2014	2016[②]	2019	2022
TOTAL[a]	2%	4%	3%	8%	7%
Gender[2,5]					
Male	--	<1	--	4	5
Female[b]	--	6	--	7	<1
Age[4,5]					
18 to 34	--	6	--	21	15
35 to 44	--	4	--	7	5
45 to 54[b]	--	4	--	0	8
55 to 64	--	0	--	2	0
65 and Older	--	0	--	1	3
Education[5]					
High School or Less[b]	--	3	--	5	0
Some Post High School[b]	--	6	--	10	22
College Graduate[b]	--	2	--	8	2
Household Income[2,4]					
Bottom 40 Percent Bracket[b]	--	7	--	13	2
Middle 20 Percent Bracket[b]	--	0	--	12	0
Top 40 Percent Bracket	--	2	--	3	3
Marital Status[5]					
Married	--	4	--	6	3
Not Married	--	3	--	9	13

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[②]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Find Meaning and Purpose in Daily Life

2022 Findings (Table 43)

- A total of 3% of respondents reported they seldom or never find meaning and purpose in daily life. Thirty-nine percent of respondents reported they always find meaning and purpose while an additional 46% reported nearly always.

- No demographic comparisons were conducted as a result of the low percent of respondents who reported they seldom or never find meaning and purpose in daily life.

2011 to 2022 Year Comparisons (Table 43)

- From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.

- No demographic comparisons across years were conducted as a result of the low percent of respondents who reported they seldom or never find meaning and purpose in daily life in both study years.

- From 2019 to 2022, there was a statistical <u>decrease</u> in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.

- In 2019, respondents 45 to 54 years old, with a high school education or less or in the middle 20 percent household income bracket were more likely to report they seldom or never find meaning and purpose in daily life.

Table 43. Seldom/Never Find Meaning and Purpose in Daily Life by Demographic Variables for Each Survey Year (Q38)[1]

	2011[2]	2014[2]	2016	2019	2022[2]
TOTAL[b]	3%	2%	7%	6%	3%
Gender					
Male	--	--	8	6	--
Female	--	--	6	5	--
Age[4]					
18 to 34	--	--	11	5	--
35 to 44	--	--	3	0	--
45 to 54	--	--	4	11	--
55 to 64	--	--	9	3	--
65 and Older	--	--	7	9	--
Education[3,4]					
High School or Less	--	--	16	10	--
Some Post High School	--	--	7	2	--
College Graduate	--	--	2	5	--
Household Income[3,4]					
Bottom 40 Percent Bracket	--	--	17	9	--
Middle 20 Percent Bracket	--	--	3	15	--
Top 40 Percent Bracket	--	--	1	1	--
Marital Status[3]					
Married	--	--	1	7	--
Not Married	--	--	15	5	--

[1]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[2]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]<u>demographic</u> difference at p≤0.05 in 2011; [2]<u>demographic</u> difference at p≤0.05 in 2014; [3]<u>demographic</u> difference at p≤0.05 in 2016; [4]<u>demographic</u> difference at p≤0.05 in 2019; [5]<u>demographic</u> difference at p≤0.05 in 2022
[a]<u>year</u> difference at p≤0.05 from 2011 to 2022; [b]<u>year</u> difference at p≤0.05 from 2019 to 2022

Mental Health Status Overall

- From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month or they considered suicide in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they seldom/never find meaning and purpose in daily life while from 2019 to 2022, there was a statistical <u>decrease</u>.

Figure 19. Mental Health Status (Q37 - Q39)
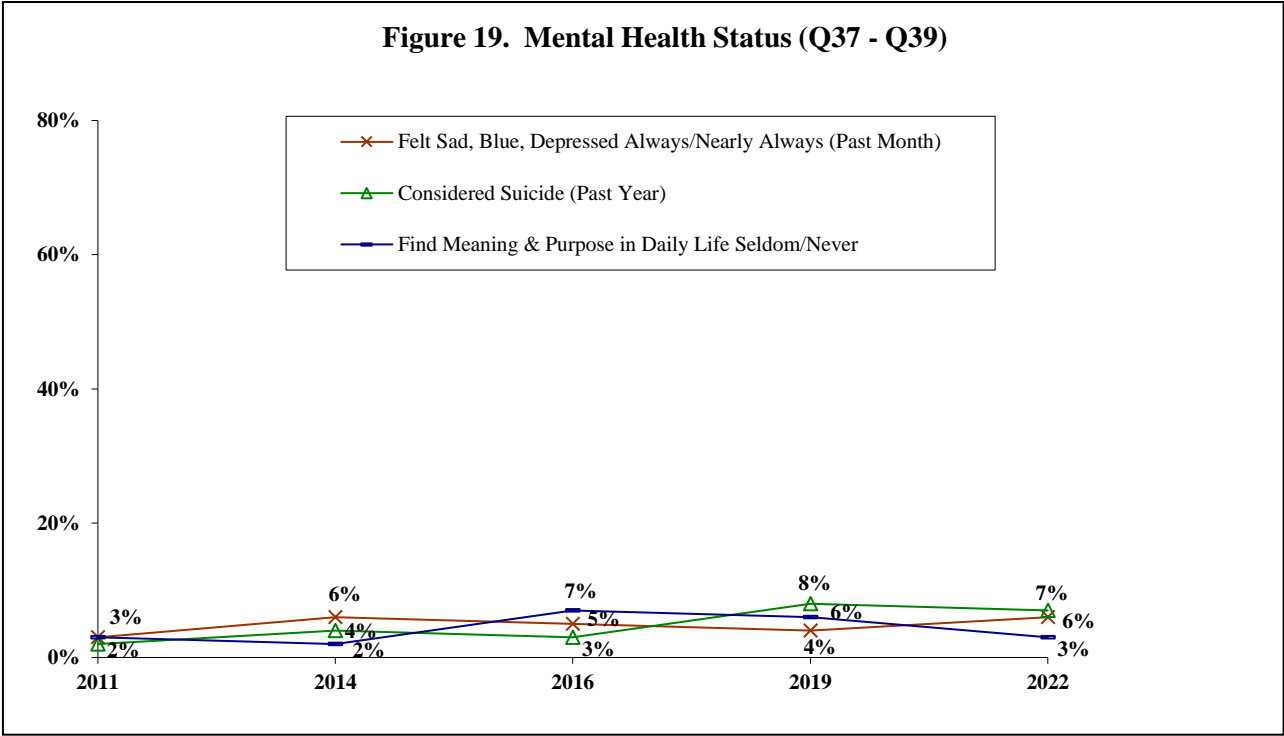
Children in Household (Figure 20; Tables 44 - 46)

KEY FINDINGS: In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-nine percent of respondents reported they have one or more persons they think of as the child's personal health care provider, with 88% reporting the child visited their personal health care provider for preventive care during the past year. Three percent of respondents reported in the past year the child did not receive the dental care needed. Thirteen percent of respondents reported the child had a diagnosed mental health condition. Two percent of respondents reported the child was overweight or obese. Six percent of respondents reported the child currently had asthma. Zero percent of respondents reported the child had diabetes. Zero percent of respondents reported the 5 to 17 year old child was seldom/never safe in their community. Eight percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Thirteen percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 11% reported verbal bullying, 6% reported physical bullying and 5% reported cyber bullying.

From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the child had a personal health care provider, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child visited their personal health care provider in the past year for preventive care, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child currently had asthma, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child was seldom/never safe in their community or was always or nearly always unhappy/sad/depressed in the past six months, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was bullied overall as well as verbally bullied, physically bullied or cyber bullied, as well as from 2019 to 2022.

Children in Household

2022 Findings

- Thirty-two percent of respondents reported they have a child under the age of 18 living in their household. Eighty-six percent of these respondents reported they make the health care decisions for the child(ren). For this section, a random child was selected to discuss that particular child's health and behavior.

    o Sixty-nine percent of the children selected were 12 or younger. Of these households, 28% were in the bottom 60 percent household income bracket and 83% were married.

Child's Personal Health Care Provider

<u>2022 Findings (Table 44)</u>

Of the 111 respondents with a child…

- o Ninety-nine percent of respondents reported they have one or more persons they think of as the child's personal doctor or nurse who knows the child well and is familiar with the child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant.

- o There were no statistically significant differences between demographic variables and responses of having one or more persons they think of as the child's personal health care provider.

<u>2011 to 2022 Year Comparisons (Table 44)</u>

- o From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the child had a personal health care provider.

- o In 2011 and 2022, child's age was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents across child's age reporting the child had a personal health care provider.

- o In 2011, respondents in the top 40 percent household income bracket were more likely to report the child had a personal health care provider. In 2022, household income was not a significant variable. From 2011 to 2022, there was a noted increase in the percent of respondents in the bottom 60 percent household income bracket reporting the child had a personal health care provider.

<u>2019 to 2022 Year Comparisons (Table 44)</u>

- o From 2019 to 2022, there was a statistical increase in the overall percent of respondents who reported the child had a personal health care provider.

- o In 2019 and 2022, child's age was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents across child's age reporting the child had a personal health care provider.

- o In 2019 and 2022, household income was not a significant variable. From 2019 to 2022, there was a noted increase in the percent of respondents in the top 40 percent household income bracket reporting the child had a personal health care provider.

Table 44. Child Has Personal Health Care Provider by Demographic Variables for Each Survey Year (Q70)[①]

	2011	2014	2016	2019	2022
TOTAL[a,b]	84%	99%	99%	90%	99%
Age					
12 Years Old or Younger[a,b]	83	99	97	90	99
13 to 17 Years Old[a,b]	87	100	100	89	100
Household Income[1]					
Bottom 60 Percent Bracket[a]	74	97	96	91	100
Top 40 Percent Bracket[b]	96	100	100	88	99

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Preventive Care with Child's Personal Health Care Provider

The Healthy People 2030 goal for adolescents aged 12 to 17 years received one or more preventive health care visits in the past year is 83% (Objective AH-01).

In 2016/17, 79% of U.S. respondents reported a child aged 12 to 17 years received one or more preventive health care visits in the past year (2016/17 Behavioral Risk Factor Surveillance System).

2022 Findings (Table 45)

Of the 99% of respondents with a child who had a personal health care provider (n=110)…

o   Of children who had a personal health care provider, 88% reported the child visited their personal health care provider for preventive care during the past year.

o   Ninety-seven percent of respondents reported the child 13 to 17 years old visited their personal health care provider for preventive care within the past year compared to 83% of respondents speaking on behalf of the child who was12 years or younger.

o   Ninety-three percent of respondents in the top 40 percent household income bracket reported the child visited their personal health care provider for preventive care within the past year compared to 71% of respondents in the bottom 60 percent household income bracket.

2011 to 2022 Year Comparisons (Table 45)

o   From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child visited their personal health care provider in the past year for preventive care.

o   In 2011, respondents with a child who was 12 or younger were more likely to report the child visited their personal health care provider for preventive care in the past year. In 2022, respondents with a child 13 to 17 years old were more likely to report the child visited their personal health care provider for preventive care in the past year, with a noted increase since 2011.

o   In 2011 and 2022, respondents in the top 40 percent household income bracket were more likely to report the child visited their personal health care provider for preventive care in the past year.

2019 to 2022 Year Comparisons (Table 45)

o   From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported the child visited their personal health care provider in the past year for preventive care.

o   In 2019, child's age was not a significant variable. In 2022, respondents with a child 13 to 17 years old were more likely to report the child visited their personal health care provider for preventive care in the past year, with a noted increase since 2019.

o   In 2019, respondents in the bottom 60 percent household income bracket were more likely to report the child visited their personal health care provider for preventive care in the past year. In 2022 respondents in the top 40 percent household income bracket were more likely to report the child visited their personal health care provider for preventive care in the past year, with a noted increase since 2019. From 2019 to 2022, there was a noted <u>decrease</u> in the percent of respondents in the bottom 60 percent household income bracket reporting the child visited their personal health care provider for preventive care in the past year.

Table 45. Child Went to Personal Health Care Provider for Preventive Care in Past Year by Demographic Variables for Each Survey Year (Q71)[①]

	2011	2014	2016	2019	2022
TOTAL	82%	91%	91%	84%	88%
Age[1,2,5]					
12 Years Old or Younger	92	94	91	85	83
13 to 17 Years Old[a,b]	68	79	91	83	97
Household Income[1,4,5]					
Bottom 60 Percent Bracket[b]	68	90	90	96	71
Top 40 Percent Bracket[b]	88	90	96	75	93

[①]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \le 0.05$ in 2011; [2]demographic difference at $p \le 0.05$ in 2014; [3]demographic difference at $p \le 0.05$ in 2016; [4]demographic difference at $p \le 0.05$ in 2019; [5]demographic difference at $p \le 0.05$ in 2022
[a]year difference at $p \le 0.05$ from 2011 to 2022; [b]year difference at $p \le 0.05$ from 2019 to 2022

Unmet Dental Care

2022 Findings

Of the 111 respondents with a child…

o Three percent of respondents reported in the past year the child did not receive the dental care needed.

o No demographic comparisons were conducted as a result of the low percent of respondents who reported the child had an unmet dental care need in the past year.

2011 to 2022 Year Comparisons

o From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need (7% and 3%, respectively).

o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child had an unmet dental care need in both study years.

2019 to 2022 Year Comparisons

o From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need (0% and 3%, respectively).

o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child had an unmet dental care need in both study years.

Child's Mental Health Condition

2022 Findings

Of the 111 respondents with a child…

- o Thirteen percent of respondents reported the child had a diagnosed mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression.

- o No demographic comparisons were conducted as a result of the low percent of respondents who reported the child had a diagnosed mental health condition.

Child Overweight or Obese

2022 Findings

Of the 111 respondents with a child…

- o Two percent of respondents reported the child is overweight or obese.

- o No demographic comparisons were conducted as a result of the low percent of respondents who reported the child is overweight or obese.

Child's Asthma

2022 Findings

Of the 111 respondents with a child…

- o Six percent of respondents reported the child currently had asthma.

- o No demographic comparisons were conducted as a result of the low percent of respondents who reported the child currently had asthma.

2011 to 2022 Year Comparisons

- o From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child currently had asthma (6% and 6%, respectively).

- o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child currently had asthma in both study years.

2019 to 2022 Year Comparisons

- o From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported the child currently had asthma (4% and 6%, respectively).

- o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child currently had asthma in both study years.

Child's Diabetes

<u>2022 Findings</u>

Of the 111 respondents with a child…

- o Zero percent of respondents reported the child had diabetes.

- o No demographic comparisons were conducted as a result of the low percent of respondents who reported the child had diabetes.

Child's Safety in Community

<u>2022 Findings</u>

Of the 84 respondents with a child 5 to 17 years old…

- o Zero percent of respondents reported the child was seldom/never safe in their community or neighborhood.

- o No demographic comparisons were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community.

<u>2011 to 2022 Year Comparisons</u>

- o From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child was seldom/never safe (0% and 0%, respectively).

- o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community in both study years.

<u>2019 to 2022 Year Comparisons</u>

- o From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported the child was seldom/never safe (3% and 0%, respectively).

- o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child was seldom/never safe in their community in both study years.

Child's Emotional Well-Being

<u>2022 Findings</u>

Of the 84 respondents with a child 5 to 17 years old…

- o Eight percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months.

- o No demographic comparisons were conducted as a result of the low percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in the past six months.

In 2011, the question was asked for children 8 to 17 years old. In 2022, the question was asked for children 5 to 17 years old.

- o From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in the past six months (3% and 8%, respectively).

- o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in both study years.

2019 to 2022 Year Comparisons

- o From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in the past six months (6% and 8%, respectively).

- o No demographic comparisons across years were conducted as a result of the low percent of respondents who reported the child always or nearly always felt unhappy, sad or depressed in both study years.

Child Experienced Bullying in Past Year

2022 Findings (Table 46)

Of the 84 respondents with a child 5 to 17 years old…

- o Thirteen percent of respondents reported the 5 to 17 year old child experienced some form of bullying in the past year. More specifically, 11% reported the child was verbally bullied, for example, mean rumors said or kept out of a group. Six percent reported the child was physically bullied, for example, being hit or kicked. Five percent of respondents reported the child was cyber or electronically bullied, for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods.

- o No demographic comparisons were conducted as a result of the low percent of respondents who reported the child was bullied in some way in the past year.

2011 to 2022 Year Comparisons (Table 46)

In 2011, the question was asked for children 8 to 17 years old. In 2022, the question was asked for children 5 to 17 years old.

- o From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child was bullied overall, verbally bullied, physically bullied or cyber bullied.

- o In 2011, there were no statistically significant differences between demographic variables and responses of the child was bullied in the past year.

2019 to 2022 Year Comparisons (Table 46)

- o From 2019 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child was bullied overall, verbally bullied, physically bullied or cyber bullied.

- o In 2019, respondents with a child 5 to 12 years old were more likely to report the child was bullied.

Table 46. Child Experienced Bullying in Past Year by Demographic Variables for Each Survey Year (Children 5 to 17 Years Old) (Q80)[1],[2]

	2011	2014	2016	2019	2022[3]
TOTAL	19%	32%	33%	19%	13%
Age[2,4]					
5 to 12 Years Old	16	46	44	33	--
13 to 17 Years Old	20	18	26	9	--
Household Income[2,3]					
Bottom 60 Percent Bracket	24	63	17	19	--
Top 40 Percent Bracket	16	21	38	21	--

[1]Percentages occasionally may differ by 1 or 2 percentage points from previous reports or the Appendix as a result of rounding, recoding variables and response category distribution.
[2]Since 2019, the question was asked for children 5 to 17 years old. In prior years, the question was asked for children 8 to 17 years old.
[3]Data is not shown as a result of insufficient statistical reliability due to the low percentage reporting this.
[1]demographic difference at p≤0.05 in 2011; [2]demographic difference at p≤0.05 in 2014; [3]demographic difference at p≤0.05 in 2016; [4]demographic difference at p≤0.05 in 2019; [5]demographic difference at p≤0.05 in 2022
[a]year difference at p≤0.05 from 2011 to 2022; [b]year difference at p≤0.05 from 2019 to 2022

Child Experienced Bullying Overall

Year Comparisons

o   From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was bullied overall as well as verbally bullied, physically bullied or cyber bullied, as well as from 2019 to 2022.

Figure 20. Child Experienced Bullying in Past Year (Children 5 to 17 Years Old)* (Q80 & Q81)
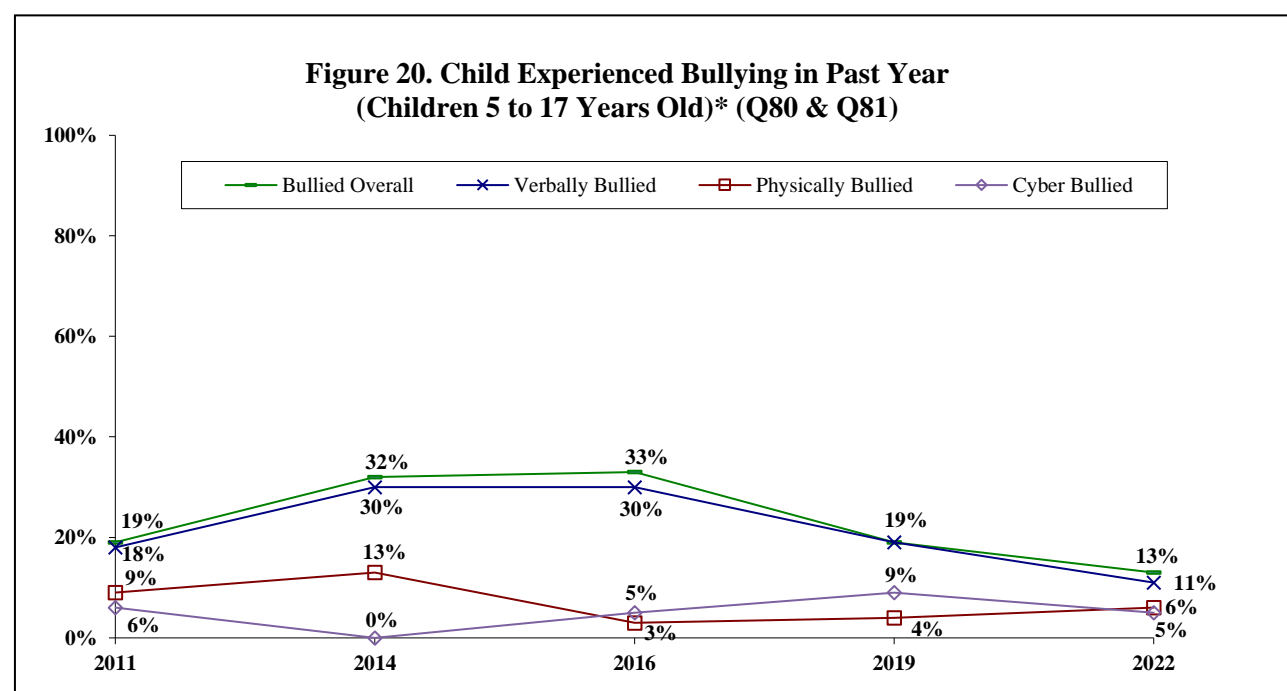
*Since 2019, the question was asked for children 5 to 17 years old. In prior years, the question was asked for children 8 to 17 years old.

Top County Social or Economic Issues (Figure 21; Tables 47 - 56)

KEY FINDINGS: In 2022, respondents were asked to list the top two social or economic issues in the county. The most often cited were economic stability and employment (14%), food insecurity (14%) or education access and quality (13%). Respondents 35 to 44 years old, 55 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report economic stability and employment as a top social or economic issue. Respondents with a high school education or less, with a college education or married respondents were more likely to report food insecurity. Respondents who were 18 to 34 years old, in the top 40 percent household income bracket or married were more likely to report education access and quality as a top issue. Eleven percent of respondents reported safe and affordable housing; respondents who were female, in the middle 20 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported accessible and affordable transportation as a top issue; respondents in the middle 20 percent household income bracket were more likely to report this. Ten percent of respondents reported social connectedness and belonging; respondents who were male, 35 to 44 years old, with some post high school education or unmarried respondents were more likely to report this. Eight percent of respondents reported accessible and affordable health care as a top issue; respondents who were 55 to 64 years old or married were more likely to report this. Eight percent of respondents reported community violence and crime; respondents 55 to 64 years old were more likely to report this. Four percent of respondents reported inflation; respondents who were male, with some post high school education or in the top 40 percent household income bracket were more likely to report this. Four percent of respondents reported racism and discrimination as a top issue; respondents 55 and older were more likely to report this.

2022 Findings

- Respondents were asked to list the two largest social or economic issues in Washington County that must be addressed. Fourteen percent of respondents each reported economic stability/employment or food insecurity while 13% reported education access/quality. Twenty percent were not sure while 4% did not answer.
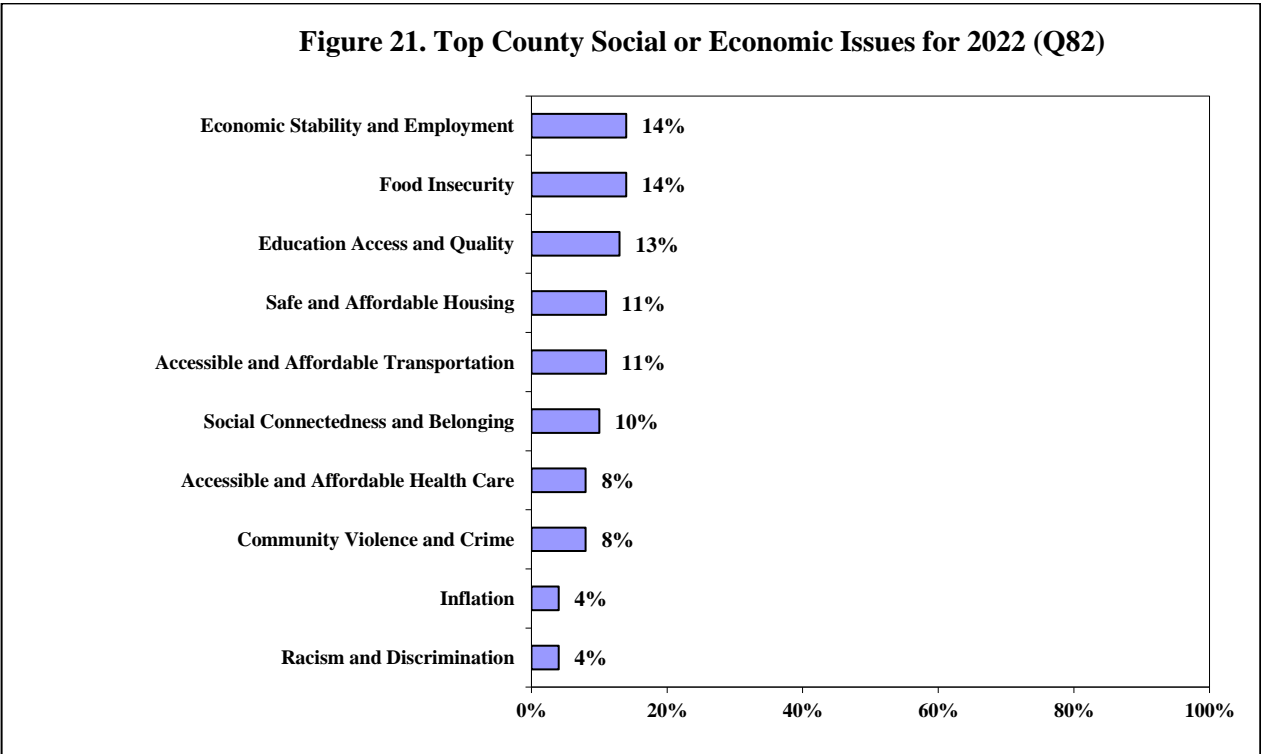
Figure 21. Top County Social or Economic Issues for 2022 (Q82)

Economic Stability and Employment as a Top County Social or Economic Issue

2022 Findings (Table 47)

- Fourteen percent of respondents reported economic stability and employment as one of the top two county social or economic issues.

- Twenty-two percent of respondents 55 to 64 years old and 21% of those 35 to 44 years old reported economic stability and employment as one of the top social or economic issues compared to 0% of respondents 18 to 34 years old.

- Respondents with a college education were more likely to report economic stability and employment as a top issue (23%) compared to those with a high school education or less (7%) or respondents with some post high school education (6%).

- Twenty percent of respondents in the top 40 percent household income bracket reported economic stability and employment as a top social or economic issue compared to 15% of those in the bottom 40 percent income bracket or 4% of respondents in the middle 20 percent household income bracket.

Table 47. Economic Stability and Employment as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[①]

	2022
TOTAL	14%
Gender	
Male	17
Female	12
Age[1]	
18 to 34	0
35 to 44	21
45 to 54	19
55 to 64	22
65 and Older	16
Education[1]	
High School or Less	7
Some Post High School	6
College Graduate	23
Household Income[1]	
Bottom 40 Percent Bracket	15
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	20
Marital Status	
Married	16
Not Married	11

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Food Insecurity as a Top County Social or Economic Issue

2022 Findings (Table 48)

- Fourteen percent of respondents reported food insecurity as one of the top two county social or economic issues.

- Seventeen percent of respondents with a college education and 16% of those with a high school education or less reported food insecurity as one of the top social or economic issues compared to 7% of respondents with some post high school education.

- Married respondents were more likely to report food insecurity as a top issue compared to unmarried respondents (19% and 5%, respectively).

Table 48. Food Insecurity as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[①]

	2022
TOTAL	14%
Gender	
Male	16
Female	14
Age	
18 to 34	10
35 to 44	8
45 to 54	18
55 to 64	18
65 and Older	16
Education[1]	
High School or Less	16
Some Post High School	7
College Graduate	17
Household Income	
Bottom 40 Percent Bracket	12
Middle 20 Percent Bracket	20
Top 40 Percent Bracket	15
Marital Status[1]	
Married	19
Not Married	5

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Education Access and Quality as a Top County Social or Economic Issue

2022 Findings (Table 49)

- Thirteen percent of respondents reported education access and quality as one of the top two county social or economic issues.

- Twenty-four percent of respondents 18 to 34 years old reported education access and quality as one of the top social or economic issues compared to 10% of those 35 to 44 years old or 8% of respondents 45 and older.

- Fifteen percent of respondents in the top 40 percent household income bracket reported education access and quality as a top issue compared to 12% of those in the middle 20 percent income bracket or 4% of respondents in the bottom 40 percent household income bracket.

- Married respondents were more likely to report education access and quality as a top social or economic issue compared to unmarried respondents (15% and 8%, respectively).

Table 49. Education Access and Quality as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[1]

	2022
TOTAL	13%
Gender	
Male	15
Female	12
Age[1]	
18 to 34	24
35 to 44	10
45 to 54	8
55 to 64	8
65 and Older	8
Education	
High School or Less	10
Some Post High School	14
College Graduate	13
Household Income[1]	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	12
Top 40 Percent Bracket	15
Marital Status[1]	
Married	15
Not Married	8

[1]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at p≤0.05 in 2022

Safe and Affordable Housing as a Top County Social or Economic Issue

<u>2022 Findings (Table 50)</u>

- Eleven percent of respondents reported safe and affordable housing as one of the top two county social or economic issues.

- Female respondents were more likely to report safe and affordable housing as one of the top social or economic issues (16%) compared to male respondents (7%).

- Twenty-two percent of respondents in the middle 20 percent household income bracket reported safe and affordable housing as a top issue compared to 14% of those in the bottom 40 percent income bracket or 9% of respondents in the top 40 percent household income bracket.

- Unmarried respondents were more likely to report safe and affordable housing as a top social or economic issue compared to married respondents (16% and 8%, respectively).

Table 50. Safe and Affordable Housing as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[①]

	2022
TOTAL	11%
Gender[1]	
Male	7
Female	16
Age	
18 to 34	14
35 to 44	14
45 to 54	5
55 to 64	9
65 and Older	13
Education	
High School or Less	7
Some Post High School	8
College Graduate	15
Household Income[1]	
Bottom 40 Percent Bracket	14
Middle 20 Percent Bracket	22
Top 40 Percent Bracket	9
Marital Status[1]	
Married	8
Not Married	16

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Accessible and Affordable Transportation as a Top County Social or Economic Issue

2022 Findings (Table 51)

- Eleven percent of respondents reported accessible and affordable transportation as one of the top two county social or economic issues.

- Nineteen percent of respondents in the middle 20 percent household income bracket reported accessible and affordable transportation as one of the top social or economic issues compared to 11% of those in the top 40 percent income bracket or 5% of respondents in the bottom 40 percent household income bracket.

Table 51. Accessible and Affordable Transportation as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[①]

	2022
TOTAL	11%
Gender	
Male	13
Female	9
Age	
18 to 34	13
35 to 44	10
45 to 54	10
55 to 64	13
65 and Older	8
Education	
High School or Less	11
Some Post High School	9
College Graduate	11
Household Income[1]	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	19
Top 40 Percent Bracket	11
Marital Status	
Married	11
Not Married	9

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Social Connectedness and Belonging as a Top County Social or Economic Issue

2022 Findings (Table 52)

- Ten percent of respondents reported social connectedness and belonging as one of the top two county social or economic issues.

- Male respondents were more likely to report social connectedness and belonging as one of the top social or economic issues (9%) compared to female respondents (3%).

- Nineteen percent of respondents 35 to 44 years old reported social connectedness and belonging as a top issue compared to 5% of those 45 to 54 years old or 4% of respondents 65 and older.

- Twenty-one percent of respondents with some post high school education reported social connectedness and belonging as a top social or economic issue compared to 8% of those with a college education or 2% of respondents with a high school education or less.

- Unmarried respondents were more likely to report social connectedness and belonging as a top issue compared to married respondents (14% and 8%, respectively).

Table 52. Social Connectedness and Belonging as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[①]

	2022
TOTAL	10%
Gender[1]	
Male	9
Female	3
Age[1]	
18 to 34	15
35 to 44	19
45 to 54	5
55 to 64	8
65 and Older	4
Education[1]	
High School or Less	2
Some Post High School	21
College Graduate	8
Household Income	
Bottom 40 Percent Bracket	2
Middle 20 Percent Bracket	3
Top 40 Percent Bracket	8
Marital Status[1]	
Married	8
Not Married	14

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2022

Accessible and Affordable Health Care as a Top County Social or Economic Issue

2022 Findings (Table 53)

- Eight percent of respondents reported accessible and affordable health care as one of the top two county social or economic issues.

- Sixteen percent of respondents 55 to 64 years old reported accessible and affordable health care as one of the top social or economic issues compared to 5% of those 18 to 34 years old or 2% of respondents 35 to 44 years old.

- Married respondents were more likely to report accessible and affordable health care as a top issue compared to unmarried respondents (11% and 3%, respectively).

Table 53. Accessible and Affordable Health Care as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[①]

	2022
TOTAL	8%
Gender	
Male	6
Female	11
Age[1]	
18 to 34	5
35 to 44	2
45 to 54	11
55 to 64	16
65 and Older	6
Education	
High School or Less	4
Some Post High School	9
College Graduate	10
Household Income	
Bottom 40 Percent Bracket	5
Middle 20 Percent Bracket	9
Top 40 Percent Bracket	11
Marital Status[1]	
Married	11
Not Married	3

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at $p \leq 0.05$ in 2022

Community Violence and Crime as a Top County Social or Economic Issue

<u>2022 Findings (Table 54)</u>

- Eight percent of respondents reported community violence and crime as one of the top two county social or economic issues.

- Eighteen percent of respondents 55 to 64 years old reported community violence and crime as one of the top social or economic issues compared to 3% of those 35 to 44 years old or 0% of respondents 18 to 34 years old.

Table 54. Community Violence and Crime as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[①]

	2022
TOTAL	8%
Gender	
Male	9
Female	7
Age[1]	
18 to 34	0
35 to 44	3
45 to 54	13
55 to 64	18
65 and Older	9
Education	
High School or Less	6
Some Post High School	13
College Graduate	6
Household Income	
Bottom 40 Percent Bracket	7
Middle 20 Percent Bracket	9
Top 40 Percent Bracket	8
Marital Status	
Married	8
Not Married	7

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at p≤0.05 in 2022

Inflation as a Top County Social or Economic Issue

<u>2022 Findings (Table 55)</u>

- Four percent of respondents reported inflation as one of the top two county social or economic issues.

- Male respondents were more likely to report inflation as one of the top social or economic issues (8%) compared female respondents (1%).

- Ten percent of respondents with some post high school education reported inflation as a top issue compared to 4% of those with a college education or less than one percent of respondents with a high school education or less.

- Seven percent of respondents in the top 40 percent household income bracket reported inflation as a top social or economic issue compared to 4% of those in the bottom 40 percent income bracket or 0% of respondents in the middle 20 percent household income bracket.

Table 55. Inflation as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[1]

	2022
TOTAL	4%
Gender[1]	
Male	8
Female	1
Age	
18 to 34	8
35 to 44	5
45 to 54	2
55 to 64	1
65 and Older	3
Education[1]	
High School or Less	<1
Some Post High School	10
College Graduate	4
Household Income[1]	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	0
Top 40 Percent Bracket	7
Marital Status	
Married	6
Not Married	2

[1]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2022

Racism and Discrimination as a Top County Social or Economic Issue

2022 Findings (Table 56)

- Four percent of respondents reported racism and discrimination as one of the top two county social or economic issues.

- Eight percent of respondents 55 and older reported racism and discrimination as one of the top social or economic issues compared to 2% of those 35 to 44 years old or 0% of respondents 18 to 34 years old.

Table 56. Racism and Discrimination as a Top County Social or Economic Issue by Demographic Variables for 2022 (Q82)[1]

	2022
TOTAL	4%
Gender	
Male	5
Female	4
Age[1]	
18 to 34	0
35 to 44	2
45 to 54	5
55 to 64	8
65 and Older	8
Education	
High School or Less	4
Some Post High School	2
College Graduate	5
Household Income	
Bottom 40 Percent Bracket	2
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	7
Marital Status	
Married	6
Not Married	2

[1]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.

[1]<u>demographic</u> difference at p≤0.05 in 2022

Top County Health or Behavioral Issues (Figure 22; Tables 57 - 63)

KEY FINDINGS: In 2022, respondents were asked to list the top two health or behavioral issues in the county that must be addressed in order to improve the health of county residents. The most often cited were mental health, mental conditions and suicide (34%) or alcohol abuse and drug/substance use (26%). Respondents who were female, 18 to 64 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report mental health, mental conditions and suicide as a top health or behavioral issue. Respondents with a college education or unmarried respondents were more likely to report alcohol abuse and drug/substance use. Twenty-one percent of respondents reported nutrition, physical activity and obesity; respondents 18 to 34 years old, with a high school education or less, with a college education or in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported access to affordable health care as a top issue; male respondents were more likely to report this. Seven percent of respondents reported tobacco and vaping products; respondents who were female, 18 to 34 years old, with a college education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Six percent of respondents reported communicable diseases or COVID-19 as a top issue; respondents 55 and older or in the middle 20 percent household income bracket were more likely to report this. Five percent of respondents reported chronic diseases; respondents 65 and older were more likely to report this.

2022 Findings

- Respondents were asked to list the two largest health or behavioral issues in Washington County that must be addressed in order to improve the health of county residents. Respondents were more likely to report mental health, mental conditions and suicide (34%) or alcohol abuse and drug/substance use (26%). Nineteen percent of respondents were not sure while 7% did not answer.
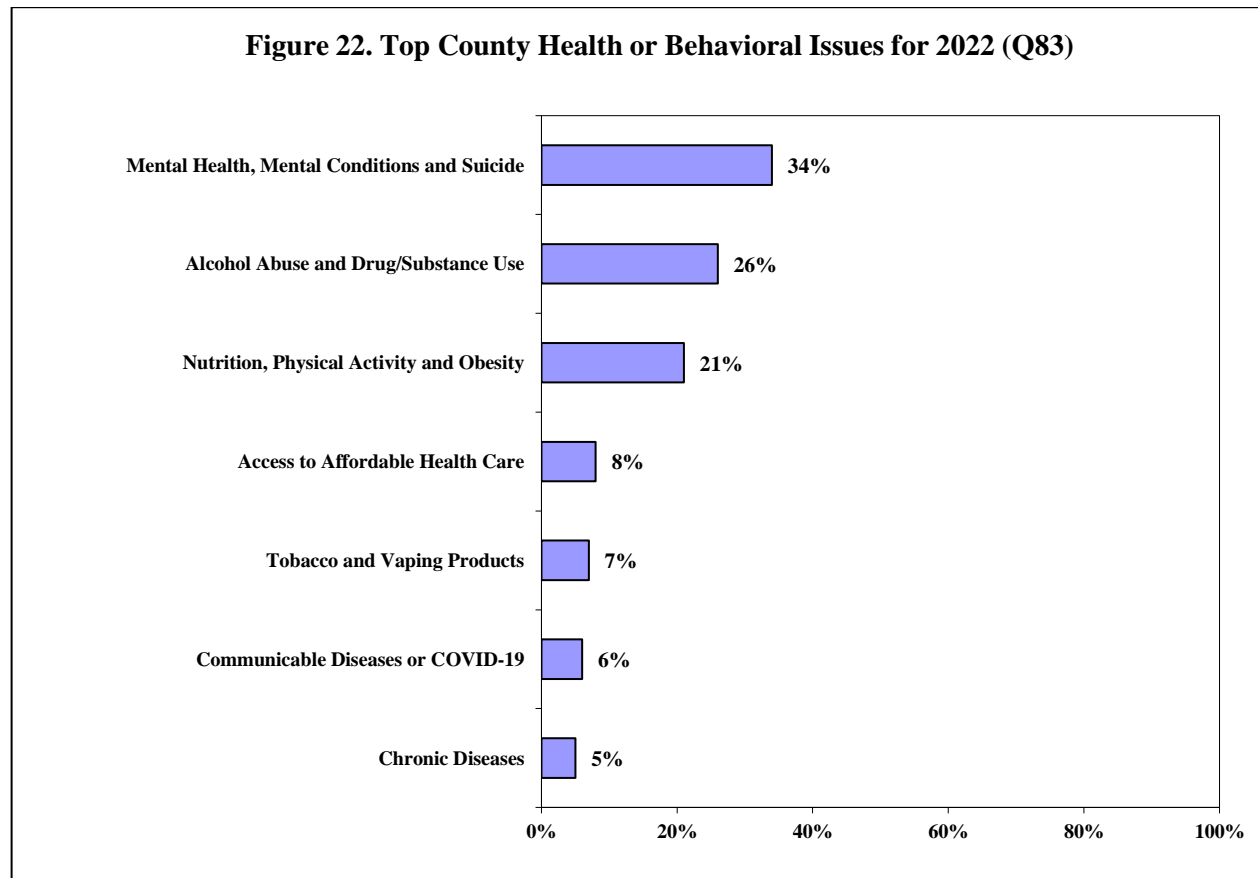
Figure 22. Top County Health or Behavioral Issues for 2022 (Q83)

Mental Health, Mental Conditions and Suicide as a Top County Health or Behavioral Issue

2022 Findings (Table 57)

- Thirty-four percent of respondents reported mental health, mental conditions and suicide as one of the top two county health or behavioral issues.

- Female respondents were more likely to report mental health, mental conditions and suicide as one of the top health or behavioral issues (39%) compared to male respondents (23%).

- Respondents 18 to 64 years old were more likely to report mental health, mental conditions and suicide as a top issue (36% to 40%) compared to respondents 65 and older (15%).

- Fifty-four percent of respondents in the bottom 40 percent household income bracket reported mental health, mental conditions and suicide as a top health or behavioral issue compared to 26% of those in the top 40 percent income bracket or 25% of respondents in the middle 20 percent household income bracket.

- Unmarried respondents were more likely to report mental health, mental conditions and suicide as a top issue compared to married respondents (44% and 28%, respectively).

Table 57. Mental Health, Mental Conditions and Suicide as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[①]

	2022
TOTAL	34%
Gender[1]	
Male	23
Female	39
Age[1]	
18 to 34	40
35 to 44	36
45 to 54	40
55 to 64	38
65 and Older	15
Education	
High School or Less	38
Some Post High School	37
College Graduate	29
Household Income[1]	
Bottom 40 Percent Bracket	54
Middle 20 Percent Bracket	25
Top 40 Percent Bracket	26
Marital Status[1]	
Married	28
Not Married	44

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2022

Alcohol Abuse and Drug/Substance Use as a Top County Health or Behavioral Issue

2022 Findings (Table 58)

- Twenty-six percent of respondents reported alcohol abuse and drug/substance use as one of the top two county health or behavioral issues.

- Respondents with a college education were more likely to report alcohol abuse and drug/substance use as one of the top health or behavioral issues (35%) compared to those with a high school education or less (23%) or respondents with some post high school education (13%).

- Unmarried respondents were more likely to report alcohol abuse and drug/substance use as a top issue compared to married respondents (35% and 21%, respectively).

Table 58. Alcohol Abuse and Drug/Substance Use as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[①]

	2022
TOTAL	26%
Gender	
Male	27
Female	28
Age	
18 to 34	23
35 to 44	37
45 to 54	29
55 to 64	25
65 and Older	23
Education[1]	
High School or Less	23
Some Post High School	13
College Graduate	35
Household Income	
Bottom 40 Percent Bracket	25
Middle 20 Percent Bracket	28
Top 40 Percent Bracket	26
Marital Status[1]	
Married	21
Not Married	35

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Nutrition, Physical Activity and Obesity as a Top County Health or Behavioral Issue

2022 Findings (Table 59)

- Twenty-one percent of respondents reported nutrition, physical activity and obesity as one of the top two county health or behavioral issues.

- Thirty-four percent of respondents 18 to 34 years old reported nutrition, physical activity and obesity as one of the top health or behavioral issues compared to 17% of those 35 to 44 years old or 11% of respondents 55 to 64 years old.

- Twenty-seven percent of respondents with a high school education or less and 24% of those with a college education reported nutrition, physical activity and obesity as a top issue compared to 7% of respondents with some post high school education.

- Thirty-two percent of respondents in the bottom 40 percent household income bracket reported nutrition, physical activity and obesity as a top health or behavioral issue compared to 22% of those in the top 40 percent income bracket or 14% of respondents in the middle 20 percent household income bracket.

Table 59. Nutrition, Physical Activity and Obesity as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[①]

	2022
TOTAL	21%
Gender	
Male	21
Female	22
Age[1]	
18 to 34	34
35 to 44	17
45 to 54	19
55 to 64	11
65 and Older	18
Education[1]	
High School or Less	27
Some Post High School	7
College Graduate	24
Household Income[1]	
Bottom 40 Percent Bracket	32
Middle 20 Percent Bracket	14
Top 40 Percent Bracket	22
Marital Status	
Married	23
Not Married	17

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2022

Access to Affordable Health Care as a Top County Health or Behavioral Issue

2022 Findings (Table 60)

- Eight percent of respondents reported access to affordable health care as one of the top two county health or behavioral issues.

- Male respondents were more likely to report access to affordable health care as one of the top health or behavioral issues (12%) compared to female respondents (4%).

Table 60. Access to Affordable Health Care as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[①]

	2022
TOTAL	8%
Gender[1]	
Male	12
Female	4
Age	
18 to 34	10
35 to 44	0
45 to 54	10
55 to 64	11
65 and Older	8
Education	
High School or Less	12
Some Post High School	8
College Graduate	5
Household Income	
Bottom 40 Percent Bracket	4
Middle 20 Percent Bracket	4
Top 40 Percent Bracket	6
Marital Status	
Married	6
Not Married	11

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Tobacco and Vaping Products as a Top County Health or Behavioral Issue

2022 Findings (Table 61)

- Seven percent of respondents reported tobacco and vaping products as one of the top two county health or behavioral issues.

- Female respondents were more likely to report tobacco and vaping products as one of the top health or behavioral issues (10%) compared to male respondents (4%).

- Nineteen percent of respondents 18 to 34 years old reported tobacco and vaping products as a top issue compared to 0% of respondents 35 to 44 years old or 55 to 64 years old.

- Respondents with a college education were more likely to report tobacco and vaping products as a top health or behavioral issue (13%) compared to those with a high school education or less (2%) or respondents with some post high school education (0%).

- Nineteen percent of respondents in the middle 20 percent household income bracket reported tobacco and vaping products as a top issue compared to 5% of those in the top 40 percent income bracket or 1% of respondents in the bottom 40 percent household income bracket.

- Unmarried respondents were more likely to report tobacco and vaping products as one of the top health or behavioral issues compared to married respondents (10% and 4%, respectively).

Table 61. Tobacco and Vaping Products as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[①]

	2022
TOTAL	7%
Gender[1]	
Male	4
Female	10
Age[1]	
18 to 34	19
35 to 44	0
45 to 54	3
55 to 64	0
65 and Older	4
Education[1]	
High School or Less	2
Some Post High School	0
College Graduate	13
Household Income[1]	
Bottom 40 Percent Bracket	1
Middle 20 Percent Bracket	19
Top 40 Percent Bracket	5
Marital Status[1]	
Married	4
Not Married	10

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at $p \leq 0.05$ in 2022

Communicable Diseases or COVID-19 as a Top County Health or Behavioral Issue

2022 Findings (Table 62)

- Six percent of respondents reported communicable diseases or COVID-19 as one of the top two county health or behavioral issues.

- Eleven percent of respondents 65 and older and 10% of those 55 to 64 years old reported communicable diseases or COVID-19 as one of the top health or behavioral issues compared to 0% of respondents 45 to 54 years old.

- Thirteen percent of respondents in the middle 20 percent household income bracket reported communicable diseases or COVID-19 as a top issue compared to 7% of those in the bottom 40 percent household income bracket or 4% of respondents in the top 40 percent household income bracket.

Table 62. Communicable Diseases or COVID-19 as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[①]

	2022
TOTAL	6%
Gender	
Male	7
Female	6
Age[1]	
18 to 34	5
35 to 44	3
45 to 54	0
55 to 64	10
65 and Older	11
Education	
High School or Less	8
Some Post High School	5
College Graduate	6
Household Income[1]	
Bottom 40 Percent Bracket	7
Middle 20 Percent Bracket	13
Top 40 Percent Bracket	4
Marital Status	
Married	8
Not Married	4

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]demographic difference at p≤0.05 in 2022

Chronic Diseases as a Top County Health or Behavioral Issue

2022 Findings (Table 63)

- Five percent of respondents reported chronic diseases as one of the top two county health or behavioral issues.

- Ten percent of respondents 65 and older reported chronic diseases as one of the top health or behavioral issues compared to 5% of those 55 to 64 years old or 0% of respondents 18 to 34 years old.

Table 63. Chronic Diseases as a Top County Health or Behavioral Issue by Demographic Variables for 2022 (Q83)[①]

	2022
TOTAL	5%
Gender	
Male	5
Female	6
Age[1]	
18 to 34	0
35 to 44	7
45 to 54	6
55 to 64	5
65 and Older	10
Education	
High School or Less	3
Some Post High School	5
College Graduate	7
Household Income	
Bottom 40 Percent Bracket	8
Middle 20 Percent Bracket	5
Top 40 Percent Bracket	5
Marital Status	
Married	6
Not Married	4

[①]Percentages occasionally may differ by 1 or 2 percentage points from the Appendix as a result of rounding, recoding variables and response category distribution.
[1]<u>demographic</u> difference at p≤0.05 in 2022

APPENDIX A: QUESTIONNAIRE FREQUENCIES

[Some totals may be more or less than 100% due to rounding and response category distribution. Percentages in the report and in the Appendix may differ by one or two percentage points as a result of combining several response categories for report analysis.]

1. Generally speaking, would you say that your own health is…?

> Poor 2%
> Fair 17
> Good..34
> Very good...38
> Excellent... 7
> Not sure ....<1

2. Which type of health plans do you use to pay for your health care services? Do you have… [Multiple responses accepted]

> Insurance through an employer, either your own, or
> partner/spouse or parent 70%
> Insurance through the Health Insurance Marketplace/Obama Care
> or Affordable Care Act, also known as the ACA 6
> Private insurance you pay for yourself... 11
> Medicaid including medical assistance, Title 19 or Badger Care .. 4
> Medicare.. 23
> Indian Health Services.. 0
> Veteran's Administration 4
> COBRA 0
> You pay out of pocket, cash or self-pay ....<1
> Do you not have health care coverage..<1
> Other.. 0
> Not sure ....<1

3. Did everyone in your household have health insurance during all, part or none of the past 12 months?

> All..96%
> Part 4
> None ....<1
> Not sure 0

4. In the past 12 months, have you or anyone in your household not taken prescribed medication due to prescription costs?

> Yes.. 6%
> No 94
> Not sure ....<1

5. Was there a time during the last 12 months that you or someone in your household did not get the medical care needed?

    Yes...10% → CONTINUE WITH Q6
    No...91 → GO TO Q7
    Not sure .... 0 → GO TO Q7

6. What were the reasons you or someone in your household did not receive the medical care needed?
   [38 Respondents; More than 1 response accepted]

    Cannot afford to pay..64%
    Lazy..10
    Insurance did not cover it 7
    Unable to get appointment 7
    Poor medical care 5
    Uninsured 4
    Not enough time 3
    Other (2% or less)... 7

7. Was there a time during the last 12 months that you or someone in your household did not get the dental care needed?

    Yes...10% → CONTINUE WITH Q8
    No...90 → GO TO Q9
    Not sure ....<1 → GO TO Q9

8. What were the reasons you or someone in your household did not receive the dental care needed?
   [39 Respondents; Multiple responses accepted]

    Uninsured 59%
    Lazy..14
    Cannot afford to pay.......................................14
    Insurance did not cover it 11
    Services not available due to COVID 5
    Other (2% or less)... 3

9. In the past 12 months, was there a time that YOU needed or considered seeking mental health care services but did not get it?

    Yes... 9% → CONTINUE WITH Q10
    No, I got the services that I needed ....18 → GO TO Q11
    Does not apply, I did not need services in past year....70 → GO TO Q11
    Not sure .... 3 → GO TO Q11

10. What were the reasons you did not receive the mental health care needed? [37 Respondents: Multiple responses accepted]

Cannot afford to pay..59%
Don't know where to go..46
Poor mental health care 13
Lazy..13
Not enough time..11
Unable to get appointment 4
Uninsured 4
Insurance did not cover it 4
Other (2% or less)... 2

11. In the past 12 months, was there a time that YOU needed or considered seeking alcohol or drug abuse treatment but did not get it?

Yes...<1%   → CONTINUE WITH Q12
No, I got the services that I needed 6   → GO TO Q13
Does not apply, I did not need services in past year....94   → GO TO Q13
Not sure 0   → GO TO Q13

12. What were the reasons you did not receive the alcohol or drug abuse treatment needed? [1 Respondent: Multiple responses accepted]

Cannot afford to pay...1 respondent
Don't know where to go..1 respondent

13. Do you have a primary care doctor, nurse practitioner, physician assistant or primary care clinic where you regularly go for check-ups and when you are sick?

Yes...92%
No 8
Not sure 0

14. Who do you trust most as a source of health information?

Doctor or other health professional, nurse, nurse practitioner,
pharmacist, etc..70%
Myself/family member in health care field 12
Internet 11
Family/friends 3
Other (2% or less)... 3
Not sure 2

15. When you are sick, to which one of the following places do you usually go? Would you say…

> Doctor's or nurse practitioner's office 58%
> Public health clinic or community health center ....<1
> Hospital outpatient department...<1
> Hospital emergency room ....<1
> Urgent care center 23
> Quickcare clinic/Fastcare clinic 8
> Worksite clinic 1
> Alternative medicine location, such as acupuncture,
> homeopathy, chiropractor, etc ....<1
> Virtual health/tele-medicine or electronic visit 3
> Some other kind of place.. 0
> No usual place 6
> Not sure 0

16. What are the two largest health conditions or behaviors that you and your family face at this time?

> Chronic diseases...48%
> Mental health, mental conditions and suicide 14
> Chronic pain, bad back, knee replacement, arthritis.......... 6
> Nutrition, physical activity and obesity............................ 5
> Communicable diseases or COVID-19 5
> Aging population.. 4
> Unintentional injury, including falls and motor vehicle
> accidents 4
> Other (2% or less).. 6
> Not sure 4
> No answer...24

17. So that I may ask the applicable follow-up questions, to which gender identity do you most identify with? Do you most identify with…

> Male...48%
> Female 48
> Transgender male/transgender female/nonbinary/prefer
> not to answer/not sure/other gender identity 4

18. Could you please tell me in what year you born? [CALCULATE AGE]

> 18 to 34 years old 27%
> 35 to 44 years old 15
> 45 to 54 years old 16
> 55 to 64 years old 19
> 65 and older..23

In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that:

19. You have high blood pressure?

> Yes...35% → CONTINUE WITH Q20
> No...66 → GO TO Q22
> Not sure .... 0 → GO TO Q22

20. Are you regularly seeing a doctor, nurse or other health care provider for high blood pressure? [138 Respondents]

> Yes...96% → GO TO Q22
> No 4   → CONTINUE WITH Q21
> Not sure 0   → CONTINUE WITH Q21

21. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for high blood pressure? [5 Respondents: Multiple responses accepted]

> Fear..2 respondents
> Under control with medication/lifestyle changes .....1 respondent
> Not bad enough to see the doctor ....1 respondent
> On waiting list to see doctor...................................1 respondent
> Other..1 respondent

22. Your blood cholesterol is high? (In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that …)

> Yes...23% → CONTINUE WITH Q23
> No 76   → GO TO Q25
> Not sure ....<1   → GO TO Q25

23. Are you regularly seeing a doctor, nurse or other health care provider for high blood cholesterol? [93 Respondents]

> Yes...91% → GO TO Q25
> No 9   → CONTINUE WITH Q24
> Not sure 0   → CONTINUE WITH Q24

24. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for high blood cholesterol? [8 Respondents: Multiple responses accepted]

> Not bad enough to see the doctor ....6 respondents
> Under control with medication/lifestyle changes .....1 respondent
> On a waiting list to see doctor.................................1 respondent
> Other..1 respondent

25. You have heart disease or a heart condition? (In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that …)

> Yes...11% → CONTINUE WITH Q26
> No 89   → GO TO Q28
> Not sure 0   → GO TO Q28

26. Are you regularly seeing a doctor, nurse or other health care provider for heart disease or a heart condition? [45 Respondents]

> Yes...96% → GO TO Q28
> No 4   → CONTINUE WITH Q27
> Not sure 0   → CONTINUE WITH Q27

27. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for heart disease or a heart condition? [2 Respondents: Multiple responses accepted]

> Under control with medication/lifestyle changes .....1 respondent
> Lack of transportation ....1 respondent
> Physical barriers ....1 respondent
> Not bad enough to see the doctor ....1 respondent

28. You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression? (In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that …)

> Yes .... 20%   → CONTINUE WITH Q29
> No 80   → GO TO Q31
> Not sure 0   → GO TO Q31

29. Are you regularly seeing a doctor, nurse or other health care provider for a mental health condition?
[80 Respondents]

> Yes .... 80%   → GO TO Q31
> No 20   → CONTINUE WITH Q30
> Not sure 0   → CONTINUE WITH Q30

30. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for a mental health condition? [16 Respondents: Multiple responses accepted]

> Lazy ....7 respondents
> Cannot find a good provider ....7 respondents
> Cannot afford to pay ....3 respondents
> Inconvenient hours ....2 respondents
> Don't know where to go ....1 respondent
> Co-payments too high ....1 respondent

31. You have diabetes (male). You have diabetes not associated with a pregnancy (female)? (In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that …)

> Yes .... 11%   → CONTINUE WITH Q32
> No 90   → GO TO Q34
> Not sure 0   → GO TO Q34

32. Are you regularly seeing a doctor, nurse or other health care provider for diabetes? [42 Respondents]

> Yes .... 100%   → GO TO Q34
> No 0   → CONTINUE WITH Q33
> Not sure 0   → CONTINUE WITH Q33

33. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for diabetes?
[0 Respondents: Multiple responses accepted]

34. Do you currently have asthma?

> Yes .... 6%   → CONTINUE WITH Q35
> No 94   → GO TO Q37
> Not sure .... <1   → GO TO Q37

35. Are you regularly seeing a doctor, nurse or other health care provider for asthma? [25 Respondents]

        Yes...84% → GO TO Q37
        No...16   → CONTINUE WITH Q36
        Not sure 0   → CONTINUE WITH Q36

36. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for asthma?
[4 Respondents: Multiple responses accepted]

        Not bad enough to see the doctor ....3 respondents
        Under control with medication/lifestyle changes .....1 respondent

37. During the past 30 days, about how often would you say you felt sad, blue, or depressed?

        Never 31%
        Seldom..46
        Sometimes 17
        Nearly always 2
        Always.. 4
        Not sure 0

38. How often would you say you find meaning and purpose in your daily life?

        Never ....<1%
        Seldom.. 2
        Sometimes 12
        Nearly always 46
        Always..39
        Not sure ....<1

39. In the past year have you considered suicide?

        Yes.. 7%
        No 93
        Not sure 0

211 connects you with thousands of nonprofit and government services in your area. If you want personal assistance, call the three-digit number 211 or 877-947-2211.

Now I'd like to ask you about alcohol. An alcoholic drink is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

40. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

        0 days..18%
        1 to 2 days 23
        3 to 4 days 15
        5 to 30 days 44
        Not sure ....<1

41. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

> 0 drinks 18%
> 1 drink 16
> 2 drinks 39
> 3 drinks 17
> 4 or more drinks 10
> Not sure 0

42. How many times during the past month did you have five or more drinks on an occasion? (MALES) (4 or more drinks FEMALES)

> 0 days 73%
> 1 day 15
> 2 or more days 13
> Not sure 0

In the past 30 days, did you use…

		Yes	No	Not Sure
43.	Smokeless tobacco including chewing tobacco, snuff, plug, or spit	3%	97%	0%
44.	Cigars, cigarillos or little cigars	3	97	0
45.	Electronic cigarettes, also known as e-cigarettes or vaping	11	89	0
46.	Delta-8, also called marijuana-lite, diet weed or dabs	4	96	0

47. Do you now smoke tobacco cigarettes every day, some days or not at all?

> Every day 11%
> Some days 4
> Not at all 85
> Not sure 0

48. Which statement best describes the rules about smoking inside your home…

> Smoking is not allowed anywhere inside your home 89%
> Smoking is allowed in some places or at some times 1
> Smoking is allowed anywhere inside your home .... <1
> There are no rules about smoking inside your home 9
> Not sure 0

Now, I have a few questions to ask about you and your household.

49. About how much do you weigh, without shoes?
50. About how tall are you, without shoes?
    [CALCULATE BODY MASS INDEX (BMI)]

> Not overweight/obese 32%
> Overweight 33
> Obese 35

51. Are you Hispanic or Latino?

        Yes.. 2%
        No 98
        Not sure 0

52. Which of the following would you say is your race?

        White 99%
        Black, African American....................................<1
        Asian.. 0
        Native Hawaiian or Other Pacific Islander......... 0
        American Indian or Alaska Native 0
        Another race 0
        Multiple races ....<1
        Not sure 0

53. What is your current marital status?

        Single and never married...................................24%
        A member of an unmarried couple....................<1
        Married...63
        Separated 0
        Divorced 4
        Widowed 9
        Not sure 0

54. What is the highest grade level of education you have completed?

        8th grade or less.. 0%
        Some high school 3
        High school graduate or GED 24
        Some college 20
        Technical school graduate 6
        College graduate...37
        Master's degree or higher..................................11
        Not sure 0

55. What county do you live in? [FILTER]

        Washington...100%

56. What is the zip code of your primary residence?

        53095...19%
        53027...18
        53022...14
        53090...14
        53040... 8
        53037... 7
        53017... 7
        53086... 6
        53033... 4
        All others (3% or less)...................................... 4

57. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
58. How many of these telephone numbers are residential numbers?
59. Do you have a cell phone that you use mainly for personal use?

ALL RESPONDENTS

60. What is your current employment status? Are you…

Employed, working full-time	66%	→ GO TO Q62
Working part-time	5	→ CONTINUE WITH Q61
Not working by choice	2	→ CONTINUE WITH Q61
Out of work, but looking for work	0	→ CONTINUE WITH Q61
Out of work, but NOT currently looking for work	<1	→ CONTINUE WITH Q61
Retired	23	→ GO TO Q62
Unable to work	4	→ GO TO Q62
Not sure	0	→ GO TO Q62

61. What are the main reasons you are not working or not working more? [30 Respondents: Multiple responses accepted]

Do not need to work	29%
Stay at home parent/home school/home maker	18
Attending school	14
Taking care of family member	10
Full time work is too much	8
Health issues	5
Other (2% or less)	15

62. What is your annual household income before taxes?

Less than $10,000	<1%
$10,000 to $20,000	3
$20,001 to $30,000	4
$30,001 to $40,000	11
$40,001 to $50,000	3
$50,001 to $60,000	11
$60,001 to $75,000	9
$75,001 to $90,000	9
$90,001 to $105,000	9
$105,001 to $120,000	7
$120,001 to $135,000	3
Over $135,000	14
Not sure	10
No answer	8

63. Was there a time during the last 12 months that your household was hungry, but didn't eat because you didn't have enough food?

> Yes... <1%
> No 99
> Not sure .... <1

64. How strongly do you agree or disagree with the following statement: "During the past month, my household has been able to meet its needs with the money and resources we have." Do you…

> Strongly agree... 58%
> Agree 37
> Disagree.. 5
> Strongly disagree...................................... <1
> Not sure .... <1

65. Do you have any issues with your current housing situation?

> Yes.. 3%   → CONTINUE WITH Q66
> No 97   → GO TO Q67
> Not sure 0   → GO TO Q67

66. What issues, if any, do you have with your current housing situation? [11 Respondents: Multiple responses accepted]

> Mortgage is too expensive............................... 5 respondents
> Current housing is temporary, need permanent
> housing .... 2 respondents
> Rent/facility is too expensive .... 1 respondent
> Too small/crowded problems with other people ... 1 respondent
> Other... 1 respondent

67. How many children under the age of 18 are living in the household?

> None .... 68% → GO TO Q82
> One 14   → CONTINUE WITH Q68
> Two or more 18   → CONTINUE WITH Q68
> Not sure 0   → GO TO Q82

For the next questions, we would like to talk about the [RANDOM SELECTED] child.

68. Are you one of the health care decision makers for the child? [129 Respondents]

> Yes.. 86% → CONTINUE WITH Q69
> No 14   → GO TO Q82
> Not sure 0   → GO TO Q82

69. What is the age of the child? [111 Respondents]

> 12 or younger....................................... 69%
> 13 to 17 years old 31

70. A personal doctor or nurse is a health professional who knows the child well, and is familiar with the child's health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant. Do you have one or more persons you think of as the child's personal doctor or nurse? [111 Respondents]

Yes..99% → CONTINUE WITH Q71
No..<1   → GO TO Q72
Not sure 0   → GO TO Q72

71. Preventive care visits include things like a well-child check, a routine physical exam, immunizations, lead or other health screening tests. During the past 12 months, did they visit their personal doctor or nurse for preventive care? [110 Respondents]

Yes..87%
No 3
Not sure 10

72. Was there a time during the last 12 months that you felt the child did not get the dental care needed? [111 Respondents]

Yes... 3% → CONTINUE WITH Q73
No...97   → GO TO Q74
Not sure 0   → GO TO Q74

73. What were the reasons your child did not receive the dental health care needed? [3 Respondents; Multiple Responses Accepted]

Unable to get appointment ....2 respondents
Can't find a dentist who accepts child's insurance...1 respondent

Does the child have…[111 Respondents]

		Yes	No	Not Sure
74.	Asthma	6%	92%	2%
75.	A diagnosed mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression..	13	87	0
76.	Diabetes..	0	100	0
77.	Is the child overweight or obese..................................	2	98	0

78. How often do you feel the child is safe in your community or neighborhood? [84 Respondents of Children 5 to 17 years old]

Always..76%
Nearly always...24
Sometimes 0
Seldom.. 0
Never... 0
Not sure 0

79. During the past 6 months, how often was your child unhappy, sad or depressed?
    [84 Respondents of Children 5 to 17 years old]

> Always.. 7%
> Nearly always 1
> Sometimes 22
> Seldom.. 35
> Never 35
> Not sure 0

80. During the past 12 months, has the child experienced any bullying?
    [84 Respondents of Children 5 to 17 years old]

> Yes.. 13%
> No 80
> Not sure 7

81. What type of bullying did your child experience? [83 Respondents of Children 5 to 17 years old]

> Physically bullied for example, being hit or kicked 6%
> Verbally abused for example spreading mean rumors or kept out of a group................ 11
> Cyber or electronically bullied for example, teased, taunted, humiliated or threatened
> by email, cell phone, Facebook postings, texts or other electronic methods.................. 5

The next two questions are about issues that our community faces that need to be addressed in order to improve the quality of life of county residents. First, I am going to ask about social or economic issues and then I am going to ask you about health conditions or behaviors.

82. What are the two largest social or economic issues in your community that must be addressed?

> Economic stability and employment 14%
> Food insecurity 14
> Education access and quality 13
> Safe and affordable housing 11
> Accessible and affordable transportation.................................... 11
> Social connectedness and belonging 10
> Accessible and affordable health care 8
> Community violence and crime... 8
> Inflation 4
> Racism and discrimination 4
> Politics/government... 3
> Environmental health (clean air, safe water, etc.)........................ 3
> Access to social services... 2
> Family support... 2
> Unsafe roads/bad drivers/road maintenance 1
> Affordable childcare 1
> Quality of health care 1
> Taxes.. 1
> Aging/aging population .... <1
> Gas prices .... <1
> Gun control .... <1
> Other .... <1
> Not sure... 20
> No answer 4

83. What are the two largest health conditions or behaviors that must be addressed in order to improve the health of county residents?

Mental health, mental conditions and suicide.............................34%
Alcohol abuse and drug/substance use 26
Nutrition, physical activity and obesity 21
Access to affordable health care 8
Tobacco and vaping products 7
Communicable diseases or COVID-19 6
Chronic diseases 5
Reproductive and sexual health 2
Unintentional injury, including falls and motor vehicle
accidents 1
Aging/aging population 1
Not practicing self-care/unhealthy lifestyle 1
Maternal, infant and child health ....<1
Refusing vaccinations...<1
Intimate partner and domestic violence ....<1
Oral health ....<1
Lack of physicians/qualified physicians ....<1
Gun control ....<1
Unsafe drinking water ....<1
Other 4
Not sure..19
No answer 7

APPENDIX B: SURVEY METHODOLOGY

2022 Community Health Survey
The 2022 Washington County Community Health Survey was conducted from June 30 through September 10, 2022. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=220). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=180). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted at the individual-age by gender of the 2010 census and age group by sex of the 2021 characteristics of the American Community Survey. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2019 Community Health Survey
The 2019 Washington County Community Health Survey was conducted from July 15, 2019 through September 25, 2019. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=220). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=180). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2016 Community Health Survey
The 2016 Washington County Community Health Survey was conducted from June 28 through August 1, 2016. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2014 Community Health Survey
The 2014 Washington County Community Health Survey was conducted from June 9 through July 23, 2014. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.

2011 Community Health Survey

The 2011 Washington County Community Health Survey was conducted from November 29 through December 19, 2011. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell-phone only sample where the person answering the phone was selected as the respondent (n=100). For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is ±5%. The margin of error for smaller subgroups is larger.